STATE OF MARYLAND

**MARYLAND BOARD OF NURSING
4140 PATTERSON AVE.
BALTIMORE, MARYLAND 21215-2254**

**(410) 585-1900   (410) 358-3530 FAX
AUTOMATED VERIFICATION (410) 585-1978
1-888-202-9861 TOLL FREE**

Memorandum

TO: CNA/GNA Training Program Approval Applicants

FROM: The Maryland Board of Nursing

RE: **Application for Approval of a Nursing Assistant Training Program**

To assist your Nursing Assistant Training Program renewal process; enclosed is an application for *Program Approval* from the *Maryland Board of Nursing*. Also included are instructions for completing the application accompanied with an *Approval Grid* and a *Resource Packet.* Please follow the instructions, closely, when you complete your application.

All CNA/GNA Training Programs must be approved by the MBON, NPA, §8-6-14; "The Board, in conjunction with the Maryland Higher Education Commission, shall approve each nursing assistant training program prior to its implementation and provided periodic survey of all programs in the State." The Board reviews programs for initial approval and renewal on a monthly basis. Applications received by the 1st of the month will be submitted at that month's regularly scheduled board meeting.

Please note that documentation of approval or waiver/exemption from the Maryland Higher Education Commission is also **required** before your program can be reviewed (see application packet). If you are a college you are not required to submit this documentation.

A thoroughly completed application accompanied by the required documents will progress approval and renewal of your program. Please submit your information **electronically as a PDF** and scan your documents in the **order requested** on the application. No faxed documents will be accepted. Please send your completed application to:

Email: **mbon.cnatrainingprogram@maryland.gov**

Thank you for your assistance in helping the MBON meet its mission: to advance safe, quality care in Maryland through licensure, certification, education, and accountability for public protection.

Jill Callan, BSN, RN
Nurse Program Consultant
Maryland Board of Nursing
4140 Patterson Ave.
Baltimore, MD 21215-2254
Ph: 443-401-7732

APPLICATION

Certified Nursing Assistant
Training Program Approval

4104 Patterson Avenue
Baltimore, MD 21215-2254
Maryland Board of Nursing

1. General Information (*Please type or print all entries*):

This Application is for: Certified Nursing Assistant Training ___   Geriatric Nursing Assistant Training ___
(Check one or both.)

_____
1a. Name of Program Provider/Organization

_____
1b. Address

_____ (_____)_____ (_____)_____
1c. Contact   **1d. Telephone**   **1e. Fax**

1f. Job Title: _____   **1g. Email Address:** _____

2. Program Information

2a   Please check: New Program _____   Program Renewal _____   Change in Existing Program _____

2b. Except for Programs in Maryland Colleges, has this Program received **approval or waiver**
   by the Maryland Higher Education Commission?   Y ___ N ___

A copy of MHEC approval or waiver must accompany this *Application* (except for MD College Program).

2c. Does this program accept any students who pay their own tuition?   Y ___ N ___

2d. Total Number of: Course Hours: _____ Classroom Hours: ____ Lab Hours_____ Clinical Hours: _____
   (60 hours minimum should be devoted to classroom instruction, 16 hrs. minimum should be lab instruction, and
   40 hours minimum of clinical training in a clinical facility.)

2e. For renewals include the Program's Code: _____

2f. Name/ Location of *Education (Classroom)* Facility: Name/ Location(s) of *Clinical* Facility:

   _____   _____

   _____   _____

   _____   _____
   Attach *Addendum* if more than one location is used.

2g. Name of Program Director/Coordinator: _____

   Signature of Program Director/Coordinator: _____

   Telephone Number: _____   Date of Application Submission: _____

For each of the following regulations check Y if your program conforms or N if it does not conform:

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3. .04 Administration and Organization

3a. The facility offering the training program shall be accredited/approved by the appropriate agency. Y __ N ___

3b. Name of Approving Agency: _____

3c. The facility that offers the training program shall have a statement of equal opportunity employment. Y __ N __

3d. Does the controlling institution provide financial support/resources needed to operate a
CNA Training Program which meets legal and educational requirements of the Board?
Example; adequate educational facilities, equipment, and qualified administrative personnel   Y ___ N ___

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* Attach Addenda: Statements of Agency Approval, Facility Equal Opportunity, Financial Support

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4. .05 Faculty

4a. Each instructor shall be a registered nurse licensed to practice in Maryland.   Y ___ N ___

4b. Each instructor shall have a minimum of two (2) years nursing experience.   Y ___ N ___

4c. Each nurse shall have at least one (1) year experience in caring for the elderly or chronically ill
in the past five (5) years.   Y ___ N ___

4d. Each instructor shall complete a minimum sixteen (16) hours of instruction in the
Principles of Adult Education, or have a minimum of 2 years of teaching experience.   Y ___ N ___

4e. The program shall have an RN instructor who has overall supervisory responsibility for
the operation of the program.   Y ___ N ___

4f. Does your program utilize Adjunct Faculty. (Not a requirement)   Y ___ N ___

4g. Job description/Policy shall demonstrate **10.39.02.05.D-5** for faculty responsibilities.   Y ___ N ___

4h. List all Nursing Faculty:*

_____ Program Coordinator __ Class Instructor __ Clinical Instructor __
Name/ License Number   *(Check all that apply.)*

_____ Program Coordinator __ Class Instructor __ Clinical Instructor __
Name/ License Number   *(Check all that apply.)*

_____ Program Coordinator __ Class Instructor __ Clinical Instructor __
Name/ License Number   *(Check all that apply.)*

_____ Program Coordinator __ Class Instructor __ Clinical Instructor __
Name/ License Number   *(Check all that apply.)*

*Attach *Addendum* if there are more than four (4) Nursing faculty members.

***Attach Addenda: Instructor Resume(s), Train the Trainer Certificate(s) if applicable, Copy of Maryland RN License(s), Faculty Job Description/Policy Statement Describing Faculty Responsibilities, List of Adjunct Faculty if applicable.**

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5. .06 Resources, Facilities, and Services

5a. The physical facilities shall be adequate to meet the needs of the training program and shall include the following:

Adequate space for privacy of faculty-student conferences: Y ___ N ___

Classroom(s): Y ___ N ___

Skills Lab(s): Y ___ N ___

Conference Room(s): Y ___ N ___

Sufficient Equipment for Numbers of Students: Y ___ N ___

Space for Equipment/Instructional Materials: Y ___ N ___

5b. All learning resources such as books, A-V Materials, and Computer Programs shall have the following:

Current and have a publication date not older than 5 years. Y ___ N ___

Accessible to students: Y ___ N ___

Relevant to the Curriculum Y ___ N ___

Written at a level appropriate for Nursing Assistants Y ___ N ___

Are selected with the participation of the Nursing Faculty Y ___ N ___

For GNA programs only: Each student shall receive a copy of the
GNA Candidate Handbook from at the beginning of the program. Y ___ N ___

5c The Facilities used for clinical training experience shall:

*Students providing services to residents shall be under the general supervision
of an LPN or RN (42 CFR 483.152).* Y ___ N ___

Be approved by the appropriate government authorities. Ex; DHMH license. Y ___ N ___

The facilities with conditional/provisional approval status may not be used for student.
learning experience. Y ___ N ___

The Board must approve the clinical facility before utilization of student experience. Y___ N___

A minimum of one instructor for each eight students (1 to 8) in the clinical area. Y ___ N ___

A sufficient number/variety of clients to provide training experiences to achieve objectives. Y ___ N ___

Shall have a sufficient number of RNs/other Nursing personnel to ensure safe and
continuous care of clients: Y ___ N ___

Shall conform with accepted standards of nursing care/practice: Y ___ N ___

5d. The Training Program shall have a *Written Agreement* with the Clinical Facility (ies)? Y ___ N ___

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*Attach Addenda: Description of Education Facility & Equipment, Description of Clinical Facility(ies) with Statement of Approval, copy of *Written Agreement* or *Contract* if applicable, and Completed Description of *Instructional Materials Form*.

6. .07 Training Program

6a. Instructions: **Provide page numbers on submitted curriculum**. Provide the page number on this application
where the following required content areas are found:

*The training program shall provide a minimum of 100 hours. 60 hours should be devoted toward didactic
training and 40 toward clinical training in a clinical facility. The following content shall form the
framework of the curriculum:*

Curriculum Content Area	Page
Role of the Certified Nursing Assistant	
Infection Control	
Safety/Environment	
Mobility/Positioning	
Elimination	
Data Collection	
Hygiene	
Treatments	
Communication	
*Observing, recording, reporting	
*Interpersonal Relations	
Legal/Ethical Considerations	
Basic Anatomy/Physiology	
Basic Human Needs/Hierarchy	
Growth & Development	
Medical Terminology/Abbreviations	
Measurements	
Basic Math	
Disease Process: Acute vs. Chronic	
Basic Nutrition	
Activity of Daily Livings	
CPR	
Heimlich Maneuver/Abdominal Thrust	

6b. Instructions: **Provide a course overview with the hours each subject is taught and demonstrate that these subjects below are presented to the student BEFORE the clinical training experience occurs.**

A training program shall provide at least 16 hours of classroom Laboratory training before a trainee's direct assignment to client care. This instruction shall include the following topics:

Content Area/ 16-Hour Pre-Clinical
Role of the C.N.A.
Infection Control
Safety and Environment; Emergency procedures including the Heimlich Maneuver
Mobility and Positioning
Elimination
Data collection
Hygiene
Treatments
Communication: Observing, recording, reporting Interpersonal relations
Legal/Ethical Considerations

*Attach Addendum: Course Schedule With Highlighted Pre-Clinical Requirements.

6c. *Instructions*: Provide a Skills Inventory Checklist used to evaluate student performance. **Check below that the following required *Maryland Skills Listing* is included on your comprehensive skills inventory**.

Students must not perform any services for which they have not trained and been found proficient by the instructor. 42 CFR 483.152

PROVIDE A LIST OF LAB EQUIPMENT THAT WILL BE USED TO INSTRUCT IN THE FOLLOWING REQUIRED SKILLS:

1. ____ Hand Hygiene
2. ____ Measures/Records weight
3. ____ Provide Oral Hygiene
4. ____ Dresses Client w. Affected Arm
5. ____ Transfers Client from Bed to Wheelchair
6. ____ Assists Client to Ambulate
7. ____ Cleans/Stores Dentures
8. ____ Performs Passive ROM for Shoulder
9. ____ Performs Passive ROM for Knee/Ankle
10. ____ Measures/Records Urinary Output
11. ____ Assists Clients w. Use of Bedpan
12. ____ Provides Perineal Care to Incontinent Client
13. ____ Provides Catheter Care

14. ____ Takes/Records Oral Temperature
15. ____ Takes/Records Pulse/Respirations
16. ____ Takes/Records BP (1-Step procedure)
17. ____ Takes/Records BP (2-Step procedure)
18. ____ Puts Knee-High Stockings On
19. ____ Makes an Occupied Bed
20. ____ Provides Foot Care
21. ____ Provides Fingernail Care
22. ____ Feeds Client Who Cannot Feed Self
23. ____ Positions Client on Side
24. ____ Gives Modified Bed Bath
25. ____ Shampoos Client's Hair in Bed

*Attach Addendum: Skills Inventory With Required *Maryland Skills Listing* Highlighted.

6a. Instructions: **Provide page numbers curriculum is located on the submitted curriculum**.

T*he curriculum of the nurse aide training program must include:*

Regulation	*Page*
Caring for the Resident When Death is Imminent	
Mental Health and Social Service Needs	
Modifying Aide's Behavior in Response to Residents' Behaviors	
Allowing the Resident to make Personal Choices	
Care for the Cognitively Impaired including, Techniques for Addressing the unique Needs and Behaviors of the Alzheimer's/Dementia Resident	
Communicating with the Cognitively Impaired Resident	
Understanding the Cognitively Impaired Resident	
Appropriate Responses to the Cognitively Impaired Resident	
Methods of Reducing the effects of Cognitive Impairment	
Basic Restorative Services	
Promoting the Residents' Independence and Right to Make Choices	
Recognizing Abnormal Changes in Body Functioning and the Importance of Reporting Such Changes to the Supervisor.	
Awareness of Developmental Tasks Associated with the Aging Process	
How to Respond to Residents' Behaviors	
Using the Resident's Family for Emotional Support	
Providing Privacy and Confidentiality to the Resident	
Giving Assistance in Resolving Grievances and Disputes	
Maintaining Care and Security of Residents' Possessions	
Avoiding the need for Restraints; According to Professional Standards	

*Attach Addendum with the Curriculum; Pages Numbered.

7. .08 Student Evaluation

7a. Does your program have a **policy/statement** regarding student evaluation/grading/successful program completion criteria?   Y ___ N ___

7b. Does your program have a comprehensive written *Final Examination*?   Y ___ N ___

7c Does your program have a comprehensive evaluation tool for skill assessments?   Y____ N___

7d. Does your program have an *ACHIEVEMENT AWARD?*   Y ___ N ___

7e. Does the *ACHIEVEMENT AWARD* follow the Sample/Guidelines in the *Resource Packet?*   Y ___ N ___

*Attach Addenda: Student Evaluation Criteria, the Final Examination with answer key, and a copy of The Achievement Award.

**Assemble all of the required documents along with the Application Form.
Send the completed *Application Packet* to the Maryland Board of Nursing in the <u>following order</u>:**

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1. _____ Cover Letter
2. _____ Approval Grid
3. _____ Application Form
4. _____ Statement of MHEC Approval/Waiver
5. _____ Statements of Agency Approval,
6. _____ Facility Equal Opportunity Employment Statement
7. _____ Statement of Financial support
8. _____ Instructor Resume(s)
9. _____ Train The Trainer Certificate(s) If Applicable
10. _____ Copy of Faculty Maryland RN License(s)
11. _____ Faculty Job Description/Policy Statement Regarding Job Responsibilities
12. _____ List of Adjunct Faculty If Applicable
13. _____ Description of Education Facility & Training Equipment
14. _____ Description of Clinical Facility With Statement of Approval
15. _____ Copy of *Written Agreement* Between Facilities If Applicable
16. _____ Completed *Description of Instructional Materials Form*
17. _____ Curriculum; Pages Numbered
18. _____ Course Schedule that contains the number of hours spent on each subject, classroom, and clinical training. Demonstrate the 16-Hour Curriculum that is taught before the clinical training**.**
19. _____ Skills Inventory With Required *Maryland Skills Listing* Highlighted
20. _____ Student Evaluation Criteria
21. _____ Final Examination with skills' final exam
22. _____ Achievement Award

This Application and addendums must be submitted electronically as a PDF. Incomplete applications will not be approved by the Board. All unapproved program documents are discarded within one (1) year. Programs with a previous denial of approval must file a complete NEW APPLICATION for reconsideration.

Submit to: mbon.cnatrainingprogram@maryland.gov

Maryland Board of Nursing
APPLICATION FOR APPROVAL OF A NURSING ASSISTANT PROGRAM
Description of Instructional Materials
All textbooks and clinical resources shall have a publication date not older than 5 years from current year.

Title	Author/Editor	Publisher	Date

II. AV Resources/Computer Programs

Title	Resource Description *(Film, Video, Computer Program, Etc.)*	Producer/Company/Series	Date

INSTRUCTIONS
For completing the Application for
CNA Training Program Approval

The *Application* Form must be completed and submitted electronically as a **PDF.** The required supporting documents must accompany the *Application* in the subject **order** as requested. Contact **mbon.cnatrainingprogram@maryland.gov** with questions regarding these instructions.

1. General Information

   1a-1e. Provide the name of the training program provider, the address, contact person regarding the program, telephone, and fax numbers.

2. Program Information

   2a. Indicate whether this is a new program, program renewal, or a change in an existing program.

   2b. Except for Maryland College Programs, please indicate whether or not your program has received MHEC approval or waiver. **A copy of the *Approval* or *Waiver* must accompany all applications.**

   2c. Indicate whether or not your program has any students paying for his/her own tuition.

   2d. Indicate the total number of Course Hours for each subject in the didactic portion of training including the hours spent with lab instruction. Include the hours of clinical training as well. Please refer to regulation .07, A, B, C. The training program shall provide a minimum of **100 hours** of instruction. Of the **l00 hours** a minimum of **60 hours** shall be devoted to classroom instruction and classroom laboratory practice and **40 hours** shall be devoted to clinical training experience in an (Board approved) clinical facility. A Training Program shall provide at least **16 hours** of classroom laboratory experience before a trainee's direct assignment to patient care.

   2e. Include the Program Code provided by the Board of Nursing if available/applicable.

   2f. Include the name and address of the Education Facility and the Clinical Facility. If more space is required for more than one location you may attach an *Addendum* behind page 1 of the Application *Form*.

   2g. Provide the name of the Program Director/Coordinator. This may be the same person as identified above in 1c, Please provide signature, telephone number, and date of the submitted Application Form.

3.04 Administration and Organization

   3a-3b Indicate whether or not the facility offering the program is approved by the appropriate government agency. Provide the name of the approving agency in 3b. See COMAR, 10.39.02.04.A-1. The facility offering the program must be accredited or approved by the appropriate agency.

   3c. Indicate whether or not the facility offering the Training Program has an Equal Opportunity Employment Statement as required in COMAR 10.39.02.04.A-2.

3d. Indicate whether or not the facility can provide the financial support/resources as needed to operate a program which meets the legal and educational requirements of the Board and fosters achievement of program objectives. COMAR, 10.39.02.04.B. When providing the required financial statement, include evidence that demonstrates the financial resource shall provide an adequate:

1. Number of instructors adequate to ensure that each trainee is provided with
2. Classroom instruction and clinical experience learning that will foster achievement of program objectives;
3. Educational facilities, appropriate equipment, and qualified administrative personnel. *COMAR10.39.02.04.C:*

> *Supporting Documentation Required For Section 3. 04: Statements of Agency Approval, Facility Equal Opportunity Statement of Employment, and Financial Support.*

4. .05 Faculty

4a. Indicate whether or not each faculty member is an RN licensed to practice in Maryland. COMAR, 10.39.02.05, A-1

4b. Please indicate whether or not each faculty member has the required experience of two (2) years nursing experience; at least one (1) year of which must have been caring for the elderly or chronically ill in the past five (5) years. For GNA approval only, one (1) year of this practice must have been in Long Term Care. *COMAR, 10.39.02.05, A-2.*

4c. Indicate whether or not each faculty member has completed a minimum 16-hours course of instruction in principles of adult education, Train the Trainer, or has had a minimum of two (2) years nursing- related teaching nursing experience.

4d. Indicate whether or not your program utilizes Adjunct Faculty. Other health professionals may teach selected portions of the curriculum that relate to the health professionals' area of expertise, COMAR, 10.39.02.05.E

4e. Indicate whether or not your facility has a Job Description and/or Policy Statement describing faculty responsibilities. COMAR, 10.39.02.05.D, 1-5. Responsibilities for the course instructor are
1. Participate in development and evaluation of the training program
2. Implement the approved training program
3. Supervise classroom laboratory experience
4. Evaluate student performance in the classroom
5. Provide supervision and clinical evaluation of each trainee at the clinical training site.

4f. Please list all Nursing Faculty members. Check all roles that may apply: Program Coordinator, Class Instructor, and/or Clinical Instructor. If more space is needed, please attach an *Addendum* and place following on page 2 of the *Application.*

Supporting Documentation Required For Section 4. .05: Faculty Resume(s) **INDICATE ON THE RESUME WHETHER OR NOT THERE ARE ANY LIMITATIONS IMPOSED ON THE LICENSE(s)** submitted., *Train the Trainer* **Certificate(s) if applicable, Copy of Maryland RN license(s), Faculty Job Description/Policy Statement describing Faculty responsibilities , and list of Adjunct Faculty if applicable.**

5. .06 Resources, Facilities, and Services:

    5a. Indicate whether or not the Training Facility has adequate space for privacy of faculty student conferences, classroom(s), Skills Lab(s), Conference Room(s), sufficient equipment/supplies for number of students, and space for equipment/ instructional materials.

    5b. Indicate whether or not all resources such as books, A-V materials, and/or computer programs have a publication date of not older than FIVE years, are accessible to students, are relevant to the Curriculum and are written at a level appropriate to Nursing Assistants. The resources must be selected with the participation of the Nursing faculty.

    5c. Indicate whether or not the clinical facility is approved by the appropriate government agency. See COMAR, 10.39.02.06.C, 1-3; *"Facilities used for clinical learning experiences shall be approved by appropriate government authorities. Facilities with conditional or provisional approval may not be used for student learning experiences. The Board shall approve each facility before utilization of each student experience.*

    5d. Indicate the required 1:8 Faculty/student ratio in the clinical area.

    5e. Indicate whether or not the clinical facility has a sufficient number/variety of clients to provide meaningful training experience, a sufficient number of RNs/other care givers to ensure safe and continuous care of clients, and that the facility conforms with accepted standards of nursing care/practice.

    5f. Indicate whether or not the Training Program requires a Written Agreement with the clinical facility. COMAR, 10.39.02.06.6a-b, I-V: *The training program shall have a written agreement with any clinical facility that is not a part of the controlling institution.*

Supporting Documentation Required for Section 5 .06: ***Description of Education Facility*** (address the requirements of the regulations), ***Description of the Clinical Facility*** (address the regulation requirements above), provide a copy of the ***Written Agreement*** if applicable, and complete the provided ***Description of Instructional Materials Form.***

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6. .07 Training Program

    6a. Prepare your Curriculum with page numbers. Indicate the page number where each required subject is located. All required components must be addressed in the curriculum; including Core Knowledge & Skills, Emergency procedures (Heimlich Maneuver), and CPR certification. The Curriculum should utilize the Board's Training Guidelines: Learning Objectives and Performance Indicators available on the MBON website.

    6b. Please Note: COMAR 10.39.02.07.C,-2: *A training program shall provide at least 16-hours of classroom laboratory before a trainee's direct assignment to the clinical care.* Indicate when these 16-hours of required content areas are being taught. The hours shall be demonstrated by providing of a Course Schedule with the application. This instruction shall include the following topics: *Role of CNA, Infection control, Safety and emergency procedures including Heimlich maneuver, the environment, communication (including; observing recording, reporting and interpersonal relationships), and legal and ethical relations.*

    6c. Please check the required Maryland Skills List contained within your Skills Inventory (Checklist). A sample Skills Inventory has been provided in the Resource Packet.

> **Supporting Documentation Required for Section *6 .07; Training Program*:**
> **A copy of the Curriculum, with the Course Schedule and Skills Inventory.**
> <u>**The Curriculum must:**</u>
> 1. Contain all of the required content areas.
> 2. Provide all the learning objectives and performance indicators.
> 3. Course Schedule must demonstrate when the 16-hour pre-clinical core is presented.
> 4. Demonstrate the required 100 hours (60/40 Ratio).
> 5. The *Skills Inventory* must contain all the required skills from the *Maryland Skills Listing* and
> shall indicate **specific performance indicators that are tested and demonstrated.**

7. .08 Student Evaluation

      7a. Indicate whether or not your program has a policy/statement regarding student evaluation/grading/
           successful program completion criteria.

      7b. Indicate whether or not your program has a comprehensive written Final Examination and skills examination. As
           required by COMAR, 10.39.02.08.

      7c. Indicate whether or not your program has an ACHIEVEMENT AWARD.

      7d. Indicate whether or not Guidelines for the ACHIEVEMENT AWARD found in the Resource Packet have been
           adhered.

> Supporting Documents Required For Section 7. .08: *Student Evaluation criteria*, the *Final Written and skills Examination*,
> along with the *Achievement Award*.

Final Checklist: Indicate the required documentation provided with your *Application*. The *Application* documents must be
<u>submitted electronically as a **PDF** IN THE ORDER requested, with pages numbered.</u>

Thank you for your assistance in helping the MBON meet its mission: to advance safe, quality care in Maryland through licensure, certification, education, and accountability for public protection.

<div align="center">

For Assistance Contact:
Jill Callan, RN
Nurse Program Consultant
Email: mbon.cnatrainingprogram@maryland.gov
Ph: 443-401-7732

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Nursing Assistant Training Programs
Application Approval Grid

Facility: _____ Location: _____

Contact Person: _____ Telephone: _____Date Submitted: _____

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*Instructions: This **Grid** will assist the applicant in filing a comprehensive initial /renewal application. Complete the grid after you have assembled the required documents and return with your application and documents.*

.01-.04: MHEC Approval/Waiver, Facility Approval, EOE Statement, Financial Support

Regulation	Y	N	N/A	Comments
MHEC Approval/Waiver				
Agency Approval				
Equal Opportunity Employment Statement				
Financial Support				

.05: Faculty

Regulation	Y	N	N/A	Comments
RN MD License(s)				
Resume (s)				
Train The Trainer Certificate(s)				
Policy/Job Description/ Program Responsibilities				
Supplemental Instructors				

.06: Resources, Facilities, and Services: Description of

Regulation	Y	N	N/A	Comments
Education Facility				
Clinical Facility				
Clinical Site Approval				
Facilities Written Agreement				
Instructional Materials				

Certified Nursing Assistant Training Program - Resource

.07: Training Program

Regulation	Y	N	N/A	Comments
Course Schedule				
Curriculum Outline: **60/40 Ratio**				
CNA Role				
Infection Control				
Safety/Environment				
Mobility/Positioning				
Elimination				
Data Collection				
Hygiene				
Treatments				
Communication				
Legal/Ethical				
Core Knowledge & Skills, example, math and English pre-requisites				
Course Schedule				
100 Instructional Hours				
60/Didactic/**16** Lab/**40** Clinical Minimum				
Role of CNA				
Infection Control				
Safety/Heimlich				
Environment				
Communication				
Legal/Ethical				
Total Number of Hours				

.08: Evaluation

Regulation	Y	N	N/A	Comments
Evaluation Criteria				
Final Exam				
Skills Inventory				
Skills Inventory: MD Skills Listing Included				
Achievement Award				

Certified Nursing Assistant Training Program - Resource

Inventory of Requested Documents:

> **Instructions:** *To expedite the approval process, submit your Application to the Maryland Board of Nursing in the following order.*

Document	Y	N	N/A	Comments
Cover Letter				
Approval Grid				
Application Form				
MHEC Approval/Waiver				
Agency Approval Statement				
Facility EOE Statement				
Financial Support Statement				
Instructor Resume(s)				
Train The Trainer Certificate(s)				
Copy of MD RN License(s)				
Faculty JD/Policy Responsibilities				
Supplemental Instructors				
Description of Education Facility				
Description of Clinical Facility				
Facility Written Agreement				
Description of Instructional Resources				
Curriculum With Numbered Pages				
Course Schedule				
Skills Inventory				
Policy/Statement Re-evaluation Criteria				
Final Examination				
Achievement Award				