



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor Robert R. Neall, Secretary

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.

Joyce Cleary, BSN, RN
Education Consultant
Phone: 410-585-1946

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www.mbon.maryland.gov



Board of Nursing

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APPLICATION

Certified Nursing Assistant Training Program Approval

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APPLICATION FOR APPROVAL

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: _____

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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:

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 ___

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

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:*

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

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_____ 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.**

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

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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 ___

***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
<i>Role of the Certified Nursing Assistant</i>	
<i>Infection Control</i>	
<i>Safety/Environment</i>	
<i>Mobility/Positioning</i>	
<i>Elimination</i>	
<i>Data Collection</i>	
<i>Hygiene</i>	
<i>Treatments</i>	
<i>Communication</i>	
<i>*Observing, recording, reporting</i>	

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<i>*Interpersonal Relations</i>	
<i>Legal/Ethical Considerations</i>	
<i>Basic Anatomy/Physiology</i>	
<i>Basic Human Needs/Hierarchy</i>	
<i>Growth & Development</i>	
<i>Medical Terminology/Abbreviations</i>	
<i>Measurements</i>	
<i>Basic Math</i>	
<i>Disease Process: Acute vs. Chronic</i>	
<i>Basic Nutrition</i>	
<i>Activity of Daily Livings</i>	
<i>CPR</i>	
<i>Heimlich Maneuver/Abdominal Thrust</i>	

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:

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

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

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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 | 14. ___ Takes/Records Oral Temperature |
| 2. ___ Measures/Records weight | 15. ___ Takes/Records Pulse/Respirations |
| 3. ___ Provide Oral Hygiene | 16. ___ Takes/Records BP (1-Step procedure) |
| 4. ___ Dresses Client w. Affected Arm | 17. ___ Takes/Records BP (2-Step procedure) |
| 5. ___ Transfers Client from Bed to Wheelchair | 18. ___ Puts Knee-High Stockings On |
| 6. ___ Assists Client to Ambulate | 19. ___ Makes an Occupied Bed |
| 7. ___ Cleans/Stores Dentures | 20. ___ Provides Foot Care |
| 8. ___ Performs Passive ROM for Shoulder | 21. ___ Provides Fingernail Care |
| 9. ___ Performs Passive ROM for Knee/Ankle | 22. ___ Feeds Client Who Cannot Feed Self |
| 10. ___ Measures/Records Urinary Output | 23. ___ Positions Client on Side |
| 11. ___ Assists Clients w. Use of Bedpan | 24. ___ Gives Modified Bed Bath |
| 12. ___ Provides Perineal Care to Incontinent Client | 25. ___ Shampoos Client’s Hair in Bed |
| 13. ___ Provides Catheter Care | |

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

***Federal Regulations for curriculum 42 CFR 483.152(b)**

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

The curriculum of the nurse aide training program must include:

Regulation	Page
<i>Caring for the Resident When Death is Imminent</i>	
<i>Mental Health and Social Service Needs</i>	
<i>Modifying Aide’s Behavior in Response to Residents’ Behaviors</i>	
<i>Allowing the Resident to make Personal Choices</i>	
<i>Care for the Cognitively Impaired including, Techniques for Addressing the unique Needs and Behaviors of the Alzheimer’s/Dementia Resident</i>	
<i>Communicating with the Cognitively Impaired Resident</i>	
<i>Understanding the Cognitively Impaired Resident</i>	
<i>Appropriate Responses to the Cognitively Impaired Resident</i>	
<i>Methods of Reducing the effects of Cognitive Impairment</i>	

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<i>Basic Restorative Services</i>	
<i>Promoting the Residents' Independence and Right to Make Choices</i>	
<i>Recognizing Abnormal Changes in Body Functioning and the Importance of Reporting Such Changes to the Supervisor.</i>	
<i>Awareness of Developmental Tasks Associated with the Aging Process</i>	
<i>How to Respond to Residents' Behaviors</i>	
<i>Using the Resident's Family for Emotional Support</i>	
<i>Providing Privacy and Confidentiality to the Resident</i>	
<i>Giving Assistance in Resolving Grievances and Disputes</i>	
<i>Maintaining Care and Security of Residents' Possessions</i>	
<i>Avoiding the need for Restraints; According to Professional Standards</i>	

***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 following order:**

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)

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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

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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.

<i>Title</i>	<i>Author/Editor</i>	<i>Publisher</i>	<i>Date</i>

II. AV Resources/Computer Programs

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



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 **100 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.

COMAR 10.39.02.04.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***.

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.**

The Curriculum must:

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 submitted electronically as a **PDF IN THE ORDER** requested, with pages numbered.

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.

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



**Nursing Assistant Training Programs
Application Approval Grid**

Facility: _____ Location: _____

Contact Person: _____ Telephone: _____ Date Submitted: _____

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				

.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				

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				