

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH PROFESSIONS  
BOARD OF NURSING  
6603 West Broad Street, Fifth Floor  
Richmond, Virginia 23230-1712  
(804) 662-7310**

**Application to Establish An Advanced Certification Nurse Aide Education Program**  
(Please type)

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

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

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

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

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

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

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

Approved Basic Nurse Aide Education Program:    \_\_\_\_ Yes \_\_\_\_ No

**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 \_\_\_\_

**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: \_\_\_\_\_

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.

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: \_\_\_\_\_

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:\_\_\_\_\_

b. High School Diploma or equivalent: Date:\_\_\_\_\_ School:\_\_\_\_\_

c. P.N. Program Completed: Name:\_\_\_\_\_ Place:\_\_\_\_\_

d. 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

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**B. 3. Other Instructional Personnel (Resource Personnel)**

Name	Credential(s)	Role in Nurse Aide Program	Years of Experience in his/her field

- 6. Competency Evaluation:** Describe the competency evaluation used for the advanced certification for nurse aides. This must include both a written test on the curriculum and an assessment of manual skills. (Please include a detailed copy of the competency evaluation with the application).

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**7. Records of Graduates' Performance:**

- a. Describe record keeping system for maintaining reports from the **competency evaluation**.

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- b. Briefly describe how skill records for individual graduates are maintained including providing a copy to graduates. (Please include a copy of the skills record with the application).

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- 8. Curriculum Content:** For each area of curriculum content listed below, please indicate the unit and page number in the **topical outline or objectives** where content is included. Please ensure that objectives for each unit are stated in behavioral terms that are measurable.

	Unit No. of <u>Instruction</u>	Page No. of <u>Topical Outline</u>
<b>1. Leadership and mentoring skills</b>		
a. Principles of adult learning;	_____	_____
b. Learning styles;	_____	_____
c. Evaluation methods to assess learner knowledge;	_____	_____
d. Communication techniques and communication barriers; emphasizing cultural diversity of co-workers and clients;	_____	_____
e. Conflict management;	_____	_____
f. Precepting and mentoring new certified nurse aides;	_____	_____
g. Teamwork;	_____	_____
h. Contributing to care plan development and implementation;	_____	_____
i. Organizational responsibilities; and	_____	_____
j. Principles of documentation.	_____	_____
<b>2. Care of the cognitively impaired client</b>		
a. Signs and symptoms of dementia;	_____	_____
b. Concepts and techniques for addressing the unique needs and behaviors of individuals with dementia, including but not limited to, agitation, combativeness, sundown syndrome, wandering, forgetfulness;	_____	_____
c. Basic concepts of communication with cognitively impaired clients; including techniques to reduce the effects of cognitive impairment;	_____	_____
d. Basic concepts of behavior management with cognitively impaired clients; and	_____	_____
e. Recognizing changes in the client's condition and reporting and documenting such changes.	_____	_____
<b>3. Restorative Care</b>		
a. Anatomy and physiology with emphasis on the effects of aging;	_____	_____
b. Pathophysiology of common disorders of the elderly;	_____	_____
c. Measures to assist clients with common medical problems;	_____	_____
d. Recognizing changes in the client's condition and reporting and documenting such changes;	_____	_____
e. Concepts to maintain or improve client mobility and ability to perform activities of daily living; and	_____	_____

f. Rehabilitation procedures. \_\_\_\_\_

**4. Wound Care**Unit No. of  
InstructionPage No. of  
Topical Outline

- a. Prevention, identification and treatment of Stage I and Stage II pressure ulcers; \_\_\_\_\_
- b. Positioning; \_\_\_\_\_
- c. Sterile and clean technique; \_\_\_\_\_
- d. Dressing changes; \_\_\_\_\_
- e. Concepts of hydration; \_\_\_\_\_
- f. Nutrition and weight loss; and \_\_\_\_\_
- g. Recognizing changes in the client's condition and reporting and documenting such changes. \_\_\_\_\_

**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

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: \_\_\_\_\_

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

(Form may be copied)  
July, 2002