

# NATCEP

## Nursing Assistant Training and Competency Evaluation Program Self Survey Compliance Worksheet

Facility/Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Training Hours: \_\_\_\_\_ Theory: \_\_\_\_\_ Clinical: (16 minimum) \_\_\_\_\_  
(Must be at least 80 hours total)

Orientation at Clinical Site \_\_\_\_\_ (hrs) Textbook used: \_\_\_\_\_

Primary Training Site (List all sites on separate sheet) \_\_\_\_\_

Current Tuition \_\_\_\_\_ Extra Expenses \_\_\_\_\_

Current Pass/Fail rate \_\_\_\_\_

Clinical Sites: \_\_\_\_\_

	YES	NO
1. All copies of staff licensure are current and are on file at facility.		
2. All instructors had their background checked in State and National Bureaus. Originals sent to the UNAR unopened.		
3. Only 30 students per classroom; instructor and an assistant with classroom over 20 students.		
4. All skills equipment is in the classroom or readily available.		
5. The facilities are properly maintained to provide an environment conducive to learning.		
6. All students are 16 years of age <b>prior to beginning class.</b>		
7. The skills learning area simulates a patient's room.		
8. All nursing assistant students receive an orientation to the clinical site prior to the start of clinicals.		
9. Attendance records are accurate and up to date for all students, past and present. (Keep records for 1 year)		
10. No more than 12 students at a clinical site with the clinical instructor		
11. <b>All skills are completed prior to attending clinicals.</b>		

12. Does your program offer CPR as a separate class? (not included in the required 80 hours)		
13. The Program Coordinator and all instructors meet all requirements on job description.		
14. All instructors are approved by the UNAR prior to any teaching. <b>Please list on separate sheet all instructors, qualifications, e-mail and phone number.</b>		
15. Are you current with all Federal Regulations, State Rule and UNAR policy?		
16. Any changes to your program?		
17. <b>** Please attach copies of your teacher evaluations completed by your last class of students</b>		
18. <b>Please attach a copy of your current skills completion list</b>		
19. <b>For Private Programs: please attach a copy of your business license, enrollment agreement and exemption from Post Secondary Proprietary Schools.</b>		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following signature authorizes that the above information is true and correct. Any deception found in any of the above items will result in immediate reprimand from the UNAR and possible withdrawal of approval of your Certified Nursing Assistant program.

\_\_\_\_\_  
**Administrator/Owner** **Date**

\_\_\_\_\_  
**Program Coordinator** **Date**

\_\_\_\_\_  
**Primary Instructor** **Date**

November 8, 2011