



Skilled Facility and/or Nursing Facility Waiver Request from the Prohibition of Nurse Aide Training

Definitions: Nurse Aide Training (NAT) is offered in or by a skilled and/or nursing facility. Nurse Aide Training and Competency Evaluation Program (NATCEP) is a program provider approved to teach Nurse Aide Training and perform the state skills and written/oral exams. They are considered the course sponsor for a waiver.

Criteria to be met by the facility and the course sponsor prior to consideration of a waiver:

1. The facility must be in substantial compliance with Federal requirements of participation in §483.24 Quality of Life, §483.25 Quality of Care, §483.40 Behavior health services, and §483.35 (c) Proficiency of Nurse Aides.
2. The facility must not be determined to be a “poor performing” facility by CMS.
3. The facility must make a diligent effort to locate other approved Nurse Aide Training programs within in a reasonable distance (1 hour travel time each way from the facility) unless the facility can demonstrate distance or program availability would create a hardship for program participants.
4. The facility must provide evidence that classes are not being offered at an approved site within a reasonable distance (1 hour travel time each way from the facility) or that they are not offered during time frames to meet student and facility needs.
5. Employees of the facility cannot function as instructors for the Nurse Aide Training program. In limited hardship situations, the state may allow the facility to use facility employees to serve as instructors if they meet instructor qualifications and are paid and supervised by the NATCEP sponsor.
6. The NATCEP must submit the evaluation (Section 2) used to determine an adequate teaching/learning environment exists for conducting the course and assuring program requirements are met.
7. The NATCEP must submit policies developed for communicating and resolving problems encountered during the course.

A separate waiver must be submitted for each Nurse Aide Training offering.

The State Agency has the right to make unannounced visits to any course offered in a facility under waiver. Students and/or the instructor have the right to register any concerns with the State Agency at any time during the program and must be given information on how to contact the Agency.

Agency Contact Information:

State of Nebraska

Division of Public Health, Licensure Unit

Nursing Support

Dan Taylor, RN Phone: 402-471-4322 Email: dhhs.nursingsupport@nebraska.gov

Section 1- Completed by Facility Requesting the Waiver:

Facility Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____ **Fax number:** _____

Email address: _____

Reason for Waiver Request:

___ No other training program within a reasonable distance from the facility. (Reasonable distance is defined as 1 hour travel time each way from the facility.)

___ Classes not currently being offered at an approved site within a reasonable distance.

___ Classes within a reasonable distance are not offered during time frames to meet student and facility needs. Please specify need(s): _____

___ Other reason: _____

List all approved training sites contacted for course availability. Specify date of next course, distance and travel time to each site contacted.

Facility Administrator Signature

Date



Section 2: Completed by NATCEP Sponsor Requesting Approval:

Name of Course Sponsor:

Program Coordinator:

Course Instructor (if different than program coordinator listed above). Specify the employer of the instructor:

Course Start Date: _____ Course Completion Date: _____

Describe the evaluation process completed to determine an adequate teaching/learning environment exists for conducting the course. Address adequacy of classroom, availability of equipment and oversight of the clinical component of the course.

Describe how the course will be evaluated and how the evaluation process will be used to improve future courses. Submit copies of the evaluation forms to be used.

At the completion of each course the NATCEP will submit the attached evaluations completed by the course sponsor, facility and instructor/coordinator. The NATCEP will need to submit copies of their own course evaluations completed by students.

Program Coordinator Signature

Date

NATCEP Sponsor: Comments/Feedback/Observations

1. Were Program requirements met? Describe any problems or difficulties encountered.

a. Were the problems communicated and resolved to your satisfaction?

b. Describe how the problems were resolved.

2. Any other feedback or comments regarding this class?

3. Did the course lead to any improvements in facility practices?

Program Coordinator-print

Signature

Date

NATCEP Instructor: Comments/Feedback/Observations

1. Were Program requirements met? Describe any problems or difficulties encountered.

a. Were the problems communicated and resolved to your satisfaction?

b. Describe how the problems were resolved.

2. Any other feedback or comments regarding this class?

3. Did the course lead to any improvements in facility practices?

Instructor Signature

Date

Facility: Comments/Feedback/Observations

1. Were Program requirements met? Describe any problems or difficulties encountered.

a. Were the problems communicated and resolved to your satisfaction?

b. Describe how the problems were resolved.

2. Any other feedback or comments regarding this class?

3. Did the course lead to any improvements in facility practices?

Administrator Signature

Date