

**Please read the application in its
entirety**

Each section must be addressed

**Missing items will cause a delay in the
approval/re-approval/relocation
process**

**Applications submitted for Approval
must be complete for consideration.**

Example

**APPLICATION FOR APPROVAL
NURSE AIDE TRAINING AND COMPETENCY
EVALUATION PROGRAM**

Please submit original application and retain a copy for your records. Do not fax. Make sure that the individual completing the application signs and dates the appropriate page. If the application is incomplete it will not be considered for approval.

Please complete the Georgia Nurse Aide Training Program (NATP) application. Attach all requested information as outlined on the application. Review the enclosed Federal and State Core Curriculum and Skills Checklist. The enclosed skills checklist is MANDATORY. Skills may be added to the checklist but not deleted. All skills must be listed on the lesson plan the day of demonstration and return demonstration. The information MUST be enclosed with the application and mailed to Alliant Health Solutions.

All State of Georgia approved traditional NATPs are required a minimum of 85 hours. The hours are divided between Classroom/Lab/Clinical. A minimum of 24 hours is required clinical rotation. Clinical rotation must be in a long term facility. The minimum 85 hours must cover the required NATP Federal and State Core Curriculum (CFR, Title 42, 483.150-483.158) and state requirements for clinical rotation.

- NO CERTIFIED NURSE AIDE CLASSES CAN START UNTIL THE APPROVAL IS GIVEN BY THE STATE CONTRACTOR.**

Private NATPs are required to have an on-site visit to the classroom prior to approval. All equipment listed on the equipment form for classroom/lab should be present prior to the visit. Failure to have the required equipment will postpone the approval of the program. Any NATP is subject to unannounced on-site visit at the discretion of the Alliant Health Solutions.

Programs are allowed to submit an application 3 times in 1 year. If the initial application is incomplete, denied because of insufficient material and/or there are needed corrections, there are 2 remaining opportunities to re-submit the requested information. The program contact person will receive an e-mail and/or letter from the reviewer outlining missing components and/or the need to edit elements of the application. If the third application is denied there is a wait period of 1 year from the date of the review letter.

**Alliant Health Solutions
Nurse Aide Training Program**

**Policy: Submission of Application
(Approval, Re-Approval & Relocation)**

Please read carefully, sign and date at the bottom of the page.

In a minority of cases applications may not be approved or re-approved. In these instances the Alliant Health Solutions Nurse Aide Program Reviewers spend an extended amount of time providing one-to-one feedback with applicants giving advice on how and what to include in an application.

The Alliant Health Solutions allows up to three (3) submissions of an application either for approval or re-approval of a Nurse Aide Training and Competency Evaluation Program.

Once an application is denied for the third time, the applicant will be able to submit another application at one year from the date of the last submission and after attendance at another Train-the-Trainer Workshop.

I, the undersigned, attest that I have read the above policy and understand that I have three attempts to submit an application for approval or re-approval. I also understand that within one year from the time of my last application submittal I can again apply for approval or re-approval once I have attended a Train-the-Trainer Workshop.

Signature: Jane Doe

Date: 7/20/2022

**ALLIANT HEALTH SOLUTIONS
NURSE AIDE TRAINING PROGRAM**

Program Coordinators:

By signing, you are acknowledging the fact that when a change to the nurse aide training program is made Alliant Health Solutions must be notified in writing of the change. This includes any subject on the nurse aide training program application.

Information must be submitted within ten (10) business days of the change. All changes must be approved prior to implementation.

Send information to:

**Alliant Health Solutions
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov**

Failure to submit the information will result in disciplinary action and/or withdrawal of the nurse aide training program.

Signature: Jane Doe

Date: 7/20/2022

Example

Alliant Health Solutions Nurse Aide Training Program (NATP) Application

Program Offering Information

(Complete a separate application for each training program location)

(Please print or type)

Legal Business Name of Organization/School/Agency/Nursing Facility

XYZ Nursing Facility

List all Affiliated Business Names, including Doing Business As (DBA)

Business Address

Street 111 XYZ Avenue

City/State Athens Zip Code 30606

County Clarke

Phone 706-555-0105 Fax 706-555-0106

Program E-mail Address (required)

janedoe@xyznursing.org

Program Contact Person

Name Jane Doe Title DON

Name of Administrator of facility (if applicable) John Doe

E-mail Address johndoe@xyznursing.org

Title, Author and Edition of textbook AHCA-How To Be A Nurse Assistant

Jeanne A. Boschert, RN- 7th Edition

(All textbooks must be within 5 years of the copyright date. Do not mail the textbook with submitted paperwork)

Title of nurse aide course

TNA Bridge to CNA - CNAonline

Classroom/lab/clinical hours must correspond with total number of hours documented on the lesson plans/hourly breakdown form.

Day class- Use whole numbers only

34 TNA total credit hours included as per TNA Bridge criteria

Classroom hours 23 Lab hours 39 Clinical hours 24

Evening Class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Weekend class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

A minimum of twenty-four (24) hours of clinical is required in a nursing home.

Location of Classroom/Lab Training Site: New programs and relocation sites must have an onsite visit. The location can be pending upon application submission prior to scheduled on-site visit.

111 XYZ Avenue, Athens, GA 30606

Provide a description of the classroom/lab to include seating capacity, writing space and describe method of lighting/temperature control: **This section must be provided to the State Contractor once the training site is obtained by the applicant**

Classroom seats 6, with adequate and significant lighting and HVAC.

Lab can accommodate 2 students at a time.

Faculty- For this location only.

Program Coordinator - must be a RN with two (2) years of nursing experience and one (1) year employment in a nursing home as a Registered Nurse.

Please review the enclosed Program Coordinator's Guide for position guidelines.

Name Title GA License Number

Jane Doe - DON - RNXXXXXX

Primary Instructors (RN or LPN) - Must have one (1) year of nursing experience
For this location only:

Name Title GA License Number

Joe Doe - Staff Nurse - RNXXXXXX

Janie Doe - Staff Nurse - RNXXXXXX

Expert Supplemental speaker (attached additional pages if necessary)

List the name, profession and work experience of each healthcare professional utilized to **assist** in the instruction of the nurse aide course. Examples of supplemental instructors are as follows: CPR certified instructor, Alzheimer's guest speaker, guest speaker on Ombudsman duties, etc... Refer to the Federal Guidelines (42CFR483.152) for Nurse Aide Training Programs for a complete listing of supplemental instructors. Supplemental instructors are required to have one (1) year of experience in their field.

Name	Job Title	Work Experience
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Name	Job Title	Work Experience
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*** Pearson Vue Nurse Aide Evaluator must administer the written/oral and skills competency exam to candidates for all programs including candidates testing for re-certification. Information provided at www.Pearson VUE.com.

TNA Bridge Program applicants must submit all items listed below.

Please note any changes to the program during the two (2) year time period between re-approval should be submitted for approval within ten (10) days. The change cannot be implemented until approval is granted.

Place preparer's initials in front of each item submitted and reviewed.

JD Program coordinator/instructor (s) – copy of current GA nursing license.

JD Program coordinator/instructor (s) – copy of the Train-the-Trainer certificate and resume

JD Equipment list with lab equipment- complete the enclosed equipment

JD Print and review the Nurse Aide Training Program Manual quarterly- (keep on file in office) www.mmis.georgia.gov, click on the provider information tab, click on view full list under the Medicaid Manuals section. This manual is updated quarterly. **DO NOT SUBMIT A COPY WITH APPLICATION.**

JD Review the enclosed copy of the training program completion certificate. All information on the enclosed certificate must be on the certificate issued to the candidate at the completion of the nurse aide training program course. The date documented on the completion certificate should be the date of the completion of the program.

REQUIREMENTS FOR APPLICATION OF A TRADITIONAL CNA PROGRAM

___ Submit letter of request for traditional program

___ Submit Traditional Lesson Plans (for chosen textbook) Lesson plans, must coincide with skills checklist and hourly breakdown form. Lesson plans must contain all material on the Federal/State Core Curriculum, skills demonstrations, and time allotments for classroom and lab. Lesson plans must be individualized.

___ Hourly breakdown form with breaks and meals deleted. The hourly breakdown form must match time allotments on lesson plans. All time allotments for classroom/lab must be documented on each of the lesson plans. **Total number of hours from the hourly breakdown form must match the number of hours listed on the application.**

Additional requirements if textbook is not AHCA-How to Be a Nursing Assistant

___ Skills performance checklist must follow the Federal/State Core Curriculum Skills Checklist (enclosed). Additional skills can be added but none can be deleted. All skills on the skills checklist must appear on lesson plans on the appropriate day the skill will be demonstrated. Skills must either be taken from the textbook rubric or created by the program. The state competency skills found in the Georgia Candidate Handbook must not be used for teaching purposes until the 76 mandatory skills are taught the textbook way and checked-off at 100% proficiency.

___ Federal/State Core Curriculum (enclosed) with page numbers listed from textbook next to each subject & hours for first six (6) subjects. The first six (6) subjects require sixteen (16) hours prior to “hands on” care during skill performance. Observation of the first six (6) subjects is to be included in all student skill performance. All page numbers should be on the lesson plans to ensure Federal/State Guideline compliance. If the book does not meet the criteria, the program must use supplemental material, which must be enclosed with the application

The application may not include complete requirements for the Georgia Nurse Aide Training Program. The applicant **must** read the Nurse Aide Training Program Manual located at www.mmis.georgia.gov (click on Nurse Aide/Medication Aide tab) for all requirements.

- State Contractor Reviewer allowed ninety (90) business days for review of new programs;
- State Contractor Reviewer allowed forty-five (45) business days for review of re-approvals/relocation; and
- The State Contractor will advise the new program when the submitted paperwork is approved and schedule an on-site visit.

I certify that all the information on all pages of the application form is true and complete. False information will delay and/or withdraw the Georgia Nurse Aide Training Program approval/re-approval from the State Contractor.

Jane Doe

7/20/2022

Preparer Signature

Date

Mailing address:

Alliant Health Solutions
 Nurse Aide Training Program
 P. O. Box 105753
 Atlanta, GA 30348
www.mmis.georgia.gov

Alliant Health Solutions Use Only

Approved

Denied

By: _____ Date _____
 Reviewer

Program# _____ Program Type _____