|  |  |  |  |
| --- | --- | --- | --- |
| **School Name:** |  | **Program Code:** |  |

**PACKAGE SUBMISSION CHECKLIST**

This checklist has been created to ensure your package is complete prior to submission to the On-Site Inspector(s)/Board of Nursing. Please utilize the following checklist when emailing these items to your Inspector(s):

1. Agenda tailored to the visit including specific time of each item, not necessarily in this order, which will be discussed with Inspector(s) when negotiating the date of the visit:

1. Inspector meeting with program Coordinator/Primary Instructor(s)
2. Inspector meeting with current students and/or graduates
3. Inspector meeting with teaching faculty
4. Free time for Inspector to review school paperwork and student records
5. Tour of classroom(s) and skills lab(s)
6. Meeting with clinical facility staff (optional as decided by Inspector)
7. Inspector meeting with school administrator(s)

2. One (1) copy of the curriculum/syllabus/outline (with objectives) used by the faculty

3. One (1) copy of the curriculum/syllabus/outline (with objectives) used by students if different than the one used by faculty

4. One (1) copy of most recent class and clinical schedules/calendar, (include day and evening classes if different); include specific times/hours with topics covered

5. Current license look-ups on the Coordinator and all nursing faculty

6. Statement of financial support

**VIRGINIA BOARD OF NURSING**

**NURSE AIDE EDUCATION ON-SITE REVIEW REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Name:** | |  | | **Program Code:** Click or tap here to enter text. | | |
| **Street:** Click or tap here to enter text. | **City:** Click or tap here to enter text. | | | | **Zip Code:** Click or tap here to enter text. | |
| **Program Contact Person:** Click or tap here to enter text. | | | **Title:** Click or tap here to enter text. | | | |
| **Contact Phone Number:** Click or tap here to enter text. | | | **Email:** | | | |
| **Person Completing Report:** | | | | | | |
| **BON Inspector:** | | **Date of Visit:** | | | | **Last date of Visit:** |

**Summary of Factual Data**

|  |  |  |
| --- | --- | --- |
| **Classroom Hours:** | **Clinical Hours:** | **Total Hours:** |

|  |  |  |
| --- | --- | --- |
| **Program Frequency:** | **Current Student Enrollment:** | **Date of Last Program Offering:** |

**Enrollment Data**

**Financial Support (18 VAC 90-26-20.B.1.g.)**

|  |  |
| --- | --- |
| Evidence has been provided of financial support and resources sufficient to meet the requirements of the Board of Nursing Statutes and Regulations (attach to this report). | Yes  No |

|  |  |
| --- | --- |
| **Person Completing Report:** |  |
|  | (Print Name) (Title) |
|  |  |
|  |  |

(Signature) (Date)

**NOTE: If more than one nurse aide education program is offered at your institution, a separate form must be completed for each program.**

|  |  |  |  |  |  |
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| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | | **INSPECTOR** | |
|  |  | | |  | |
| **18 VAC 90-26-20.B.3. Maintaining a nurse aide education program.** | | | | | |
| Provide documentation that each student applying to or enrolled in such program has been given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes that pose a barrier to such employment. | Yes  No | | | Verified  Unable to verify  Comments: | |
| **18 VAC 90-26-50. Other program requirements.** | | | | | |
| C. Length of program. | | | | | |
| 1. The program shall be at least 120 clock hours in length. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. The program shall provide for at least 24 hours of instruction prior to direct contact of a student with a nursing facility client. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. Skills training in clinical settings shall be at least 40 hours of providing direct client care. Five of the clinical hours may be in a setting other than a nursing home. Hours of observation shall not be included in the required 40 hours of skills training. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. Employment orientation to facilities used in the education program must not be included in the 120 hours allotted for the program. | Yes  No | | | Verified  Unable to verify  Comments: | |
| D. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including: | | | | | |
| 1. Comfortable temperatures. | Yes  No | | | Verified  Unable to verify  Comments: | |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | | **INSPECTOR** | |
|  | | | | | |
| **18VAC 90-26-50.D. Other program requirements. (continued)** | | | | | |
| 1. Clean and safe conditions. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. Adequate lighting. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. Adequate space to accommodate all students. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 1. Instructional technology and equipment needed for simulating client care. | Yes  No | | | Verified  Unable to verify  Comments: | |
| **18 VAC 90-26-40.B. Unit objectives.** | | | | | |
| 1. Objectives for each unit of instruction shall be stated in behavioral terms which are measurable. | Yes  No | | | Verified  Unable to verify  Comments: | |
| 2. Objectives shall be reviewed with the students at the beginning of each unit. | Yes  No | | | Verified  Unable to verify  Comments: | |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | | **INSPECTOR** | |
|  | | | | | |
| **18 VAC 90-26-40.C. Curriculum changes.** | | | | | |
| Changes in curriculum shall be approved by the board prior to implementation and shall be submitted at the time of the on-site visit or with the report submitted by the program coordinator in the intervening year. | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | |
| 1. **VAC 90-26-40.A. Requirements for the Curriculum.** | | | | | |
|  | | | | | |
| A. Curriculum content. The curriculum shall include, but shall not be limited to, classroom and clinical instruction in the following: | | | | | |
| 1. Initial core curriculum. Prior to the direct contact with a nursing facility client, a student shall have completed a total of at least 24 hours of instruction. Sixteen of those hours shall be in the following five areas: | | Yes  No | | | Verified  Unable to verify  Comments: |
| 1. Communication and interpersonal skills; | | Yes  No | | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | | |
| Unit | Objective | |
| 1. Infection control; | | Yes  No | | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | | |
| Unit | Objective | |
| 1. Safety and emergency procedures, including dealing with obstructed airways and fall prevention; | | Yes  No | | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | | |
| Unit | Objective | |
| **REGULATION NUMBERS/CRITERIA** | | **PROGRAM** | | | **INSPECTOR** |
|  | | | | | |
| **18 VAC 90-26-40.A.1. Initial core curriculum (continued).** | | | | | |
| 1. Promoting client independence; and | | Yes  No | | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | | |
| Unit | Objective | |
| 1. Respecting client’s rights. | | Yes  No | | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | | |
| Unit | Objective | |

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| --- | --- | --- | --- |
| 1. Basic Skills. | | | |
| a. Recognizing changes in body  functioning and the importance of reporting such changes to a supervisor. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| b. Measuring and recording routine vital signs. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Measuring and recording height and weight. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Caring for the client’s environment. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| e. Measuring and recording fluid and food intake and output. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
| 1. **VAC 90-26-40.A.2. Basic skills (continued).** | | | |
| f. Performing basic emergency measures. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| g. Caring for a client when death is imminent. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Personal Care Skills. | | | |
| a. Bathing and oral hygiene. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| b. Grooming. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Dressing. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Toileting. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| e. Assisting with eating and hydration, including proper feeding techniques. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
|  | | | |
| **18 VAC 90-26-40.A.3. Personal Care Skills (continued).** | | | |
| f. Caring for skin, to include prevention of pressure ulcers. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| g. Transfer, positioning and turning. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Individual client’s needs, including mental health and social service needs. | | | |
| a. Modifying the aide's behavior in  response to the behavior of clients. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| b. Identifying developmental tasks associated with the aging process. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with the client's dignity. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| e. Utilizing the client's family or concerned others as a source of emotional support. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
|  | | | |
| **18 VAC 90-26-40.A.4. Individual client’s needs, including mental health and social service needs (continued).** | | | |
| f. Responding appropriately to the client's behavior; including, but not limited to, aggressive behavior and language. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| g. Providing appropriate clinical care to the aged and disabled. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

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| --- | --- | --- | --- |
| h. Providing culturally sensitive care. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| 1. Care of the cognitively or sensory (visual and auditory) impaired client. | | | |
| a. Using techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others). | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| b. Communicating with cognitively or sensory impaired clients. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Using methods to reduce the effects of cognitive impairment. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
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| **18 VAC 90-26-40.A. Requirements for the Curriculum (continued).** | | | |
| 6. Skills for basic restorative services. | | | |
| a. Using assistive devices in transferring, ambulation, eating and dressing. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

|  |  |  |  |
| --- | --- | --- | --- |
| b. Maintaining range of motion. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Turning and positioning, both in bed and chair. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Bowel and bladder training. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| e. Caring for and using prosthetic and orthotic devices. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| f. Teaching the client in self-care according to the client's abilities as directed by a supervisor. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| 7. Client’s rights. | | | |
| a. Providing privacy and maintaining confidentiality. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

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| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
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| **18 VAC 90-26-40.A.7. Client’s rights (continued).** | | | |
| b. Promoting the client's right to make  personal choices to accommodate individual  needs. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| c. Giving assistance in resolving grievances and disputes. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| d. Providing assistance necessary to participate in client and family groups and other activities. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| e. Maintaining care and security of the client's personal possessions. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| f. Promoting the client’s rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| g. Avoiding the need for restraints in accordance with current professional standards. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

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| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
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| **18 VAC 90-26-40.A. Requirements for the Curriculum (continued).** | | | |
| 1. Legal and regulatory aspects of practice as a certified nurse aide, including, but not limited to, consequences of abuse, neglect, misappropriation of client property and unprofessional conduct. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| 1. Occupational health and safety measures. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
| 10. Appropriate management of conflict. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |

|  |  |  |  |
| --- | --- | --- | --- |
| 11. Observational and reporting techniques. | Yes  No | | Verified  Unable to verify  Comments: |
| **Curriculum Location** | |
| Unit | Objective |
|  |  | |  |
| **18 VAC 90-26-50. Other program requirements.** | | | |
| A. Records. | | | |
| 1. Each nurse aide education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the program shall provide each nurse aide with a copy of this record and a certificate of completion from the program. | Yes  No | | Verified  Unable to verify  Comments: |
| 1. A record of the reports of graduates' performance on the approved competency evaluation program shall be maintained. | Yes  No | | Verified  Unable to verify  Comments:  Written Results: Skills Results: |
| **REGULATION NUMBERS/CRITERIA** | **PROGRAM** | | **INSPECTOR** |
| **18 VAC 90-26-50. Other program requirements (continued).** | | | |
|  | | | |
| 1. A record that documents the disposition of complaints against the program shall be maintained. | Yes  No | | Verified  Unable to verify  Comments: |
| B. Student Identification. |  | |  |
| The nurse aide students shall wear identification that clearly distinguishes them as a “nurse aide student.” | Yes  No | | Verified  Unable to verify  Comments: |
| **18 VAC 90-26-20.B. Maintaining an approved nurse aide education program.** | | | |
| 1.e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law. | Yes  No | | Verified  Unable to verify  Comments: |
| 2. Impose no fee for any portion of the  program on any nurse aide who, on the date on which the nurse aide begins the program, is either employed or has an offer of employment from a nursing facility. | Yes  No  N/A | | Verified  Unable to verify  N/A  Comments: |
| 5. Provide each student with a copy of his certificate  of completion. | Yes  No | | Verified  Unable to verify |
| **18 VAC 90-26-30. Requirements for instructional personnel.** | | | |
| F. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor. | Yes  No | | Verified  Unable to verify  Comments: |

**CLINICAL RESOURCE(S) USED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name | Facility Address | | Most Recent Date of Licensure by VDOH | Type of Agency (Licensed Nursing Home or Medicare/Medicaid Certified Facility/Unit and Others) |
|  | Street: |  |  |  |
| City: | Zip Code: |
| Contact Name: |  |
| Title: |  |
|  | Phone Number: |  |  |  |
|  | Street: |  |  |  |
| City: | Zip Code: |
| Contact Name: |  |
| Title: |  |
|  | Phone Number: |  |  |  |
|  | Street: |  |  |  |
| City: | Zip Code: |
| Contact Name: |  |
| Title: |  |
|  | Phone Number: |  |  |  |

Please identify any nursing facility used for skills training that was subject to penalty or penalties as provided in 42 CFR 483151 (b) (2) (Medicare and Medicaid Program: Nurse Aide Training and Competency Evaluation Program, effective April, 1992) in the past two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REGULATION NUMBERS/CRITERIA** | | | **PROGRAM** | | | | | **INSPECTOR** | |
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| **18 VAC 90-26-30. Requirements for instructional personnel.** | | | | | | | | | |
| A. Program coordinator. | | | | | | | | | |
| 1. Each program shall have a program coordinator who must be a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege. | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| Coordinator Name | | License #/Expiration Date | | | Date of Hire | | | | Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.) |
| 1. The program coordinator in a nursing facility based program may be the director of nursing services. The director of nursing may assume the administrative responsibility and accountability for the nurse aide education program but shall not engage in the actual classroom and clinical teaching. | | | Yes  No  N/A | | | | | Verified  Unable to verify  N/A  Comments: | |
| 1. The primary instructor may be the program coordinator in any nurse aide education program. | | | Yes  No  N/A | | | | | Verified  Unable to verify  N/A  Comments: | |
| 1. Primary instructor. | | | | | | | | | |
| 1. Qualifications. Each program shall have a primary instructor who does the majority of the actual teaching of the students and who shall: | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Hold a current, unrestricted Virginia license as a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege; and | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| **REGULATION NUMBERS/CRITERIA** | | | **PROGRAM** | | | | | **INSPECTOR** | |
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| **18 VAC 90-26-30. Requirements for instructional personnel (continued).** | | | | | | | | | |
| 1. Have two years of experience as a registered nurse within the previous five years and at least one year of experience in the provision of long-term care facility services. Such experience may include, but not be limited to, employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care or other long-term care setting. Experience should include varied responsibilities, such as direct client care, supervision and education. | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Responsibilities. The primary instructor is responsible for the teaching and evaluation of students and, in addition, shall: | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Participate in the planning of each learning experience; | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Ensure that course objectives are accomplished; | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Ensure that the provisions of subsection F of this section are maintained; | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| **REGULATION NUMBERS/CRITERIA** | | | **PROGRAM** | | | | | **INSPECTOR** | |
|  | | |  | | | | |  | |
| **18 VAC 90-26-30. Requirements for instructional personnel (continued).** | | | | | | | | | |
| 1. Maintain records as required by subsection A of 18 VAC 90-26-50; | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Perform other activities necessary to comply with subsection B of 18 VAC 90-26-20; and | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| 1. Ensure that students do not perform services for which they have not received instruction and been found proficient by the instructor. | | | Yes  No | | | | | Verified  Unable to verify  Comments: | |
| **Primary Instructor(s) Name(s)**  \*(If the primary instructor is the program coordinator, also include under this section) | License #/Expiration Date | | | | | Date of Hire | | Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.) | |
| **REGULATION NUMBERS/CRITERIA** | | | | **PROGRAM** | | | **INSPECTOR** | | |
|  | | | | | | | | | |
| **18 VAC 90-26-30. Requirements for instructional personnel (continued).** | | | | | | | | | |
| 1. Other instructional personnel. | | | | | | | | | |
| 1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision shall be registered nurses or licensed practical nurses. | | | | | | | | | |
| 1. A registered nurse shall: | | | | | | | | | |
| 1. Hold a current, unrestricted Virginia license as a registered nurse; and | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| 1. Have had at least one year of direct patient care experience as a registered nurse. | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| **RN Instructor(s) Name(s)** | License #/Expiration Date | | | | | Date of Hire | | Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.) | |
| 1. A licensed practical nurse shall: | | | | | | | | | |
| 1. Hold a current, unrestricted Virginia license as a practical nurse; | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| 1. Hold a high school diploma or equivalent; | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| 1. Have been graduated from a state-approved practical nursing program; and | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| 1. Have had at least two years of direct patient care experience as a licensed practical nurse. | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| **REGULATION NUMBERS/CRITERIA** | | | | **PROGRAM** | | | **INSPECTOR** | | |
|  | | | | | | | | | |
| **18 VAC 90-26-30. Requirements for instructional personnel (continued).** | | | | | | | | | |
| 1. Responsibilities. Other instructional personnel shall provide instruction under the supervision of the primary instructor. | | | | Yes  No  N/A | | | Verified  Unable to verify  N/A  Comments: | | |
| **LPN Instructor(s) Name(s)** | License #/ Expiration Date | | | | | Date of Hire | | Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.) | |
| 1. Prior to being assigned to teach the nurse aide education program, all instructional personnel shall demonstrate competence to teach adults by one of the following: | | | | | | | | | |
| 1. Satisfactory completion of a course in teaching adults that includes:    1. Basic principles of adult learning;    2. Teaching methods and tools for adult learners; and    3. Evaluation strategies and measurement tools for assessing the learning outcomes; or | | | Yes  No  N/A | | | | | Verified  Unable to verify  N/A  Comments: | |
| 1. Have experience in teaching adults or high school students. | | | Yes  No  N/A | | | | | Verified  Unable to verify  N/A  Comments: | |
| 1. To meet planned program objectives, the program may, under the direct, on-site supervision of the primary instructor, use other persons who have expertise in specific topics and have had at least one year of experience in their field. | | | Yes  No  N/A | | | | | Verified  Unable to verify  N/A  Comments: | |
| Resource(s) Name(s) | License # (if applicable)/ Expiration | | | | | Date of Hire | | Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.) | |

**PROGRAMS:** Please list below the names, titles, addresses and phone numbers of the people who will be sent the final report:

|  |  |
| --- | --- |
| Name:  Title:  Address:  Phone Number:  Email Address: | Name:  Title:  Address:  Phone Number:  Email Address: |
| Name:  Title:  Address:  Phone Number:  Email Address: | Name:  Title:  Address:  Phone Number:  Email Address: |
| Name:  Title:  Address:  Phone Number:  Email Address: | Name:  Title:  Address:  Phone Number:  Email Address: |
| Name:  Title:  Address:  Phone Number:  Email Address: | Name:  Title:  Address:  Phone Number:  Email Address: |

**FOR INSPECTOR USE ONLY**

Interviews held for this visit:

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Name:** | **Title:** |
| **Interview Method:  In-Person  Telephone:** |  |
|  |  |
| **Number of students interviewed:** | |
|  |  |

Areas visited, including clinical facilities:

|  |  |
| --- | --- |
| **Area name:** | **Address:** |
| **Area name:** | **Address:** |
| **Area name:** | **Address:** |
| **Area name:** | **Address:** |

Regulations not verified (# and title only):

|  |  |
| --- | --- |
| Regulation # | Regulation Title |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |

Inspector(s) suggestions/comments (optional):

|  |
| --- |
|  |

Click or tap to enter a date.

Inspector(s) Signature Date