

Nurse Aide Training Program
Application for Nurse Aide Training and Competency Evaluation Program (NATCEP)

Instructions

Procedure

1. Review the [Nurse Aide rules in Texas Administrative Code Title 26, Part 1, Chapter 556](#)
2. Respond to all application items in compliance with the standards (above) and as required in instructions for each item.
3. Attach a resume for the program director and each program instructor listed on the NATCEP application. The resume must include the name of each employer, employer's address, job title, dates of employment and duties performed. Incomplete resumes will result in a deficiency,
4. Obtain agreement letters from all facilities listed at item #9, that will be used as clinical training sites and attach a copy of each agreement. Agreements must either (a) be current, that is, signed by facility authority within the past six months, or (b) specify the time period that the agreement is valid. Facility authority is the facility administrator or corporate officer who is a designated authority. If you are applying to offer clinical training hours in a laboratory setting, agreement letter(s) are not needed, see item #9c.
5. Email the completed form and required documents to the Nurse Aide Training Program at Regulatory_NATCEP@hhs.texas.gov.

You Need to Know

- Incomplete applications will be returned, which will delay the approval of your program.
- Applicants must provide a physical address where all records are maintained and an on or off-site survey can be conducted. NATCEPs must notify HHSC of any change in the address provided.
- If the application contains errors or discrepancies, you will be notified within 15 days of receipt of the application and you will be given an opportunity to make corrections. This may delay the date of approval of your program.
- You should allow at least 20 days from the date you mail your application before inquiring about the status of the application.
- Programs offered in or by nursing facilities that have been subject to one or more of the following actions will not be approved, per 26 TAC Section 556.3(e):
 - waiver for nursing services;
 - extended or partially extended survey;
 - assessment of civil money penalty more than \$5,000 as adjusted annually under 45 Code of Federal Regulations;
 - denial of payment for new admissions for Medicare or Medicaid;
 - trustee appointment for resident safety;
 - termination from Medicare or Medicaid; and
 - closure of facility.
- Nursing facilities that are prohibited due to one of the actions above will not be approved as a clinical training site for any nurse aide training program unless a waiver is approved. Waiver requirements are listed in the Standards for Nurse Aides at 26 TAC, Section 556.3 (j) and (l)
- For-profit training programs must contact the Texas Workforce Commission (TWC) at 512-936-3100 to apply for a license to operate a proprietary educational program or to offer in-service education in Texas. See Standards for Nurse Aides at 26 TAC, Section 556.7(g).

Contact Information

Direct questions to: Regulatory_NATCEP@hhs.texas.gov or contact Nurse Aide Training staff by calling 512-438-2017.

1. Enter Nurse Aide Training Program Name:

2. Check Application Type:

- New** (Check for initial application or if program is not currently approved.)
- Renewal** (Check if program is currently approved and you have received HHSC renewal notice.)
- Change** (Check if program is currently approved and you are requesting approval for program changes. Complete entries for all items that have changed and certify changes by signature in Section 12 of this application.)

Program Code No.

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3. Check Program Category:

- Non-facility based program** (not offered in or by a facility)
- Facility-based program** (offered in and by a facility)

4. If the name of the Nurse Aide Training Program has changed, enter the new name here:

5. Contact or Mailing Address: Enter a single, physical address and telephone number for the training program. All correspondence from HHSC will be sent to this address.

Street	City	State	ZIP Code	Area Code and Phone No.
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6. Physical Address: Enter a single, Texas physical street address and area code and phone number where all NATCEP records will be kept and the HHSC on-site NATCEP surveys will be conducted.

Street	City	State	ZIP Code	Area Code and Phone No.
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7. Classroom Location: Enter a single classroom name and location. If at a facility, enter the Facility ID (vendor number).

Name				Facility No.
Street	City	State	ZIP Code	Area Code and Phone No.

a. Will the program provide training online? If the answer is No, go to question 8 below. **Yes** **No**

Check responses to the following questions if training will be held online:

- b. Does the online training provide verification of a trainee's identity? **Yes** **No**
- c. Does the online training ensure protection of a trainee's privacy and personal information? **Yes** **No**
- d. Does the online training document the hours completed by each trainee? **Yes** **No**

8. Check responses to the following questions:

- a. Does this program teach the Texas Curriculum for Nurse Aides in Long Term Care Facilities? **Yes** **No**
- b. Does this program include a minimum of 60 hours of classroom and skills training that does not involve direct care of residents by trainees? **Yes** **No**
- c. Does this program include a minimum of 40 hours of clinical training defined as hands-on care of residents by trainees under the direct supervision of a licensed nurse? **Yes** **No**
- d. Does this program include 8 hours of infection control that includes the proper use of personal protective equipment (PPE) within the 16 introductory hours of training before having any direct contact with a resident? **Yes** **No**
- e. Does this program exceed **both** the curriculum content and minimum hours indicated above?
If Yes, enter total number of hours offered: _____ **Yes** **No**
- f. Does this program have adequate textbooks, audio-visual materials and other supplies and equipment necessary for training? **Yes** **No**
- g. Do the classroom and skills training rooms provide for adequate space, cleanliness, safety, lighting and temperature controls to promote safe and effective learning? **Yes** **No**

9. Clinical Training Site(s): In the space(s) provided below at b and c, list all facilities that will be used for the required 40 hours of clinical training for the NATCEP. The Facility Type may be a Nursing Facility (NF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Assisted Living Facility (ALF) or Hospital. Complete this section even if the clinical site is already listed in the Mailing Address and Classroom Location **Note:** You must attach a current agreement letter for each facility listed and all clinical training and testing must be conducted at a facility listed on this application. (Additional sites may be listed on a separate sheet.)

If you are applying to offer clinical training in a lab setting skip b and c and complete d.

a. I understand that the clinical training provided must be under the direct supervision of the NATCEP instructor and cannot be delegated to any staff of the facility and may provide clinical training only in those services that are authorized to be provided by that facility type under Texas Health and Safety Code. Yes No

b. Facility Name				Facility No.	
Street	City	State	ZIP Code	Area Code and Phone No.	

c. Facility Name				Facility no.	
Street	City	State	ZIP Code	Area Code and Phone No.	

d. Are you applying to offer clinical training hours in a laboratory setting? Yes No
 If yes:
 Is there a qualified clinical site located within 20 miles of the location of the NATCEP? Yes No
 Provide the address of the laboratory setting: Yes No

10. Administrative Authority: Enter the name of the person who will have administrative authority for the program. This may be an administrator of the facility or school or the designated program director. This person must sign the affidavit in Section 12, below. All correspondence from HHSC will be directed to this person.

Name		Title
Area Code and Phone No.	E-Mail Address	

11. Program Director: Must include resume

Name	E-Mail Address
Social Security No.	Texas RN License No.

Check responses to the following questions about the program director (please attach resume):

- a. Does the program director have at least two years of nursing experience? Yes No
- b. Is at least one year of the required nursing experience in the provision of long-term care facility services in a nursing facility or skilled nursing facility? Yes No
- c. Has the program director completed a course in teaching adults or have experience in teaching adults or supervising nurse aides? Yes No
- d. NATCEPs must ensure that trainees meet the requirements listed in the Standards for Nurse Aides at Section 556.3(l)(1)-(3). Trainees may not be listed on the NAR in revoked status or listed as unemployable on the Employee Misconduct Registry (EMR) or have been found to have a conviction of a criminal offense listed in Texas Health and Safety Code Section 250.006. By signing this statement, I am acknowledging that I am aware of this requirement.

Signature – Program Director

12. Program Instructor(s): List the name(s) and requested information below for individuals who will conduct the actual NATCEP training. Attach resume for each instructor listed.

Name	Discipline		Does Instructor have at least one year of nursing experience in a facility?		Has the instructor completed a course that focused on teaching adult students or have experience teaching adult students or supervising nurse aides	
	RN No.	LVN No.				
			<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

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13. I certify that the information submitted in this application and attachments is true and correct. I agree to provide prior notification to the nurse aide training program of any change in information presented in this application by submitting a Program Change Application, as required. I acknowledge that failure to comply with rules (26 TAC, Part I, Chapter 556) may result in withdrawal of NATCEP approval.

Signature – Administrative Authority (**must** be signed before a notary)

Sworn and subscribed to me on this ____ day of _____, 20____, in

County, in the state of _____.

Signature – Notary Public

In-Service Education

Nurse aides renewing certification after Sept. 1, 2013, will be required to complete 24 hours of in-service education. All approved NATCEPs are eligible to offer in-service education to nurse aides. However, non-facility based NATCEPs are required to obtain additional approval through the Texas Workforce Commission. See Standards for Nurse Aides at 26 TAC, Section 556.7(g).

Complete the following information for your program:

Training Program Name	Program No.
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Program Director Name

This nursing aide training program will will not offer in-service education to nurse aides.

By signing this document, I agree to allow this program to be listed as an in-service education site and the NATCEP name and contact information to be shared with potential candidates for the purpose of locating and in-service education site.

I understand that the in-service education must include training in geriatrics and, if applicable, the care of residents with a dementia disorder, including Alzheimer's disease.

I understand that the NATCEP will be responsible for providing the nurse aide with a certificate of completion for the in-service education.

Signature – Program Director

Date

Email the completed form and required documents to the Nurse Aide Training Program at
Regulatory_NATCEP@hhs.texas.gov.