

# Guidelines for Approval and Operation of a Home Health Aide Training Program



University of the State of New York  
State Education Department  
Albany, New York 12234

Office of Career and Technical Education

September 30, 2021

# Table of Contents

## Part I: Orientation

Introduction .....	2
Home Health Aide Certification.....	2
Documentation of Successful Completion of the Home Health Aide Training Program.....	2
Maintaining Home Health Aide Certification.....	3
Program Monitoring .....	3
Maintaining Training Records .....	3
Definitions .....	4
Program Requirements.....	5
Curriculum.....	5
Program Training Hours .....	6
Evaluation of the Student .....	6
Confidentiality of Tests and Examinations .....	7
Screening .....	7
Documentation of Competency.....	7
Location, Equipment, and Space to be Utilized for the Training.....	7
Suggested Equipment List.....	8
Personal Care Aide .....	9
Certified Nurse Aide Transition.....	9
Home Health Aide Student Identification .....	10
Program Application and Approval Process.....	11
Initial Approval.....	11
Continuing Approval.....	11
Rescinding Approval.....	11
Faculty and Credentials .....	12
RN Director Coordinator .....	12
RN Nurse Instructor .....	12
Clinical Affiliation Agreements .....	13
Record Keeping and Reporting Obligations .....	14
Program Records.....	14
Reporting Changes in Approved Programs.....	14

Part II: Application Forms and Instructions

General Instructions ..... 16

Application Forms and Attachments ..... 17

Forms and Attachment Completion Reminders ..... 18

    FORM A: HHATP Application Cover Sheet ..... 19

    FORM B: HHATP RN Director Coordinator Approval ..... 20

    FORM C: HHATP RN Nurse Instructor Approval..... 21

    FORM D: HHATP Curriculum Identification/Verification..... 22

    FORM E: HHATP Continuation and Summary Evaluation ..... 23

    FORM F: Certified Nurse Aide to Home Health Aide Transition ..... 25

    FORM G: HHATP Site Visit Evaluation Self-Study ..... 26

Appendices

Home Care Curriculum Requirements..... 30

Procedure Performance Evaluation Form..... 33

Sample Affiliation Agreement ..... 35

# Part I: Orientation

## Introduction

These guidelines address the evaluation, initial, and continuing approval of New York State Home Health Aide Training Programs (HHATPs) under the jurisdiction of the Office of Career and Technical Education (CTE) in the New York State Education Department (NYSED). These programs include secondary and adult level programs in public high schools and Boards of Cooperative Educational Services (BOCES). NYSED oversees the HHATPs delivered by educational facilities, which must meet training and competency evaluation requirements established to align with New York State Department of Health (NYSDOH).

The training and evaluation requirements and approval processes set forth in this guide are consistent with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Code Rules and Regulations (10 NYCRR). The requirements specify content areas that must be addressed for a program to receive approval (e.g., minimum training hours; qualifications of RN director coordinator and RN nurse instructor; minimum curriculum requirements; methodology for state review; and the competency evaluation program—written and performance skills). The NYSDOH has been identified as the primary agency in New York State responsible for the implementation of these federal regulations. As a part of their implementation of federal and state requirements, the NYSDOH partners with the NYSED to approve and oversee HHA programs.

## Home Health Aide Certification

In order to provide home health aide services in New York State, a person must successfully complete a HHATP or competency evaluation program conducted only by a NYSED or NYSDOH-approved HHATP. A certificate of completion is issued by the approved program/school through the New York State Home Care Worker Registry (HCWR).

## Documentation of Successful Completion of the Home Health Aide Training Program

Home health aide training program certificates are issued by the training program through the HCWR found on the Health Commerce System (HCS). HHATPs must follow the directives and advisories promulgated by the operator of the HCWR regarding documentation of completion of training and the issuance of certificates. Original certificates must be issued to individuals who have successfully completed program within the required timeframes.

All training programs require a senior official. This person must be authorized to execute a legally binding instrument on behalf of the operator of the home care agency or owner of the training entity. The senior official is required to sign a sworn statement, made under penalty of perjury and notarized, certifying that each person listed on the certification form has successfully completed the training. The lead official is the sole person of the school/program that has administrative privileges in the HCWR to add or revise personnel. The senior official is the second signature on the HHA certificates along with the nurse instructor. The instructions are in the Home Care Registry (HCR) User Manual beginning on Page 84. Approved programs should contact the NYSDOH HCR at 1-877-877-1827 or [HCREG@health.ny.gov](mailto:HCREG@health.ny.gov) for any registry assistance. Prior to being able to access the HCS, a HCS account must first be created and may be accomplished through contacting the Commerce Account Management Unit (CAMU) helpdesk at 1-866-529-1890 or [hinhpn@health.ny.gov](mailto:hinhpn@health.ny.gov).

The home health aide must be provided with a copy of the completed Home Health Aide Procedure Performance Evaluation Form (Appendix B). The training program must maintain a copy of each home health aide's training certificate and student evaluation form for at least six years. Public school records are to be maintained per regulations as found in this provider link [http://www.archives.nysed.gov/records/retention\\_ed-1\\_student-records](http://www.archives.nysed.gov/records/retention_ed-1_student-records).

## Maintaining Home Health Aide Certification

An individual who successfully completes an approved HHATP must be employed as a home health aide in an Article 36 or 40 approved agency within any consecutive 24-month period from the receipt of initial certification to be considered qualified to continue to provide home health aide services. If there has been a 24-month lapse in furnishing services for compensation, the individual must complete another program.

## Program Monitoring

All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Quality management processes focus on the overall operation of the training program and must address at a minimum the following:

- Monitoring for compliance with the requirements in this guide
- Monitoring of contracts
- Analysis and evaluation of program's educational outcomes that address the effectiveness of the:
  - Instructors
  - Lesson plans
  - Equipment and other materials utilized to achieve learning objectives, e.g., videos, textbooks, etc.
  - Evaluation of the supervised practical training site(s)
  - Student evaluation of the program, including effectiveness of communication between instructor and students
  - Analysis and evaluation of testing results, admission standards and program completion rates
  - Development and implementation of strategies for improvement of the HHATP
- Submission of a program continuation application to NYSED in the year in which a site visit is not conducted, to include the annual summary evaluation (Form E) as outlined above.

## Maintaining Training Records

The HHATP must have a procedure to retain, for a period of at least six years, a training record for each student who has successfully completed home health aide training and/or competency evaluation, including:

- Attendance documentation for classroom and supervised practical training
- Each student's completed written tests and evaluation forms
- Copy of student certificates of completion

Electronic record keeping is acceptable. Program providers must have the ability to provide these records upon request by NYSED or any other legally entitled entity. An appropriate electronic backup of these records must be ensured.

# Definitions

Client/Patient	The individual to whom health care services are provided
Competency-based Education	An educational process planned and managed by the teacher that shares with the student specific objectives, including the acceptable conditions and levels of achievement of observable actions or behaviors that the student will be expected to consistently demonstrate to meet those objectives
Home Health Aide	An unlicensed individual who has successfully completed a NYSDOH/NYSED- approved home health aide training program and has been entered into the HCWR. A home health aide performs appropriate tasks in support of a professional plan of care as delegated by a licensed nurse.
Laboratory	An extension of the classroom that provides adequate contemporary equipment, supplies, and workstations for students to practice skills before demonstrating competency in a clinical patient care setting
RN Director Coordinator	The individual who is approved by NYSED and assigned the administrative responsibility and accountability of the program; must be a currently registered professional nurse in New York State (RN, associate degree or higher), have two years of RN experience, one of which must be in a licensed home care agency.
RN Nurse Instructor	The individual who is approved by NYSED to develop lesson plans and teach the curriculum; coordinates theory, clinical experiences, and maintains program standards; must be a currently registered professional nurse in New York State (RN, associate degree or higher), have two years of RN experience, one of which must be in a licensed home care agency. Proof of teacher certification is required for secondary programs.
Supervised Clinical Experience or Supervised Practical Training	<p>Training in a client/patient's home or other health care setting in which the student demonstrates knowledge while performing skills on an individual under the direct supervision of an approved RN nurse instructor.</p> <p>This training time may be allocated throughout the program, as appropriate, or performed at the end of all classroom and lab training.</p>

## Program Requirements

An HHATP must include classroom instruction of theory and skills lab along with supervised practical training. The student must receive a minimum of 95 hours of training including a minimum of: 65 hours classroom and 30 hours of supervised practical training. Required testing, competency evaluation, and orientation/observation are not included in the 95 hours. Supervised practical training means training in a client/patient home or other health care setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of the RN nurse instructor approved by NYSED as a part of overall program approval (please refer to requirements for RN Nurse Instructor). At a minimum, 15 hours of each student's supervised practical training must be provided in a patient care setting. The setting(s) used for practical training and the number of training hours provided must be based on each student's learning needs. Supervised practical training may take place in any setting where patient care can occur except in nursing homes (long-term care/ skilled nursing facilities). A minimum of 16 hours of classroom instruction is required prior to the start of the supervised practical training. Students may only perform duties for which previous instruction has been provided.

The maximum number of students to the approved RN nurse instructor ratio is 20:1 in the classroom setting and 8:1 for supervised practical training in the skills laboratory and 1:1, 3:1 or 8:1 site dependent, as appropriate for required home care patient settings. The number of students must be consistent with the available space in the classroom and appropriate to the supervised practical training location.

## Curriculum

Core values underlie all aspects of care in health sciences, in all care settings, and profoundly influence effectiveness and client satisfaction across the full range of performance. All students must incorporate and demonstrate in their skills and knowledge the understanding and integration of the following core values:

- the dignity and worth of each client as an individual;
- respect for the range of diversity of individuals; and
- a demonstration of a therapeutic relationship i.e., the value of autonomy and control, adapting to clients' preferences and routines and limits, maintaining privacy and confidentiality, providing care in a caring, compassionate manner and encouraging individuals to be as independent as possible.

In addition, the impact of the actual setting/environment on the client and the client's adjustment to care must be understood and responded to throughout the program.

The program must address the psychosocial, physical, and environmental needs, as well as nursing and medical needs of clients. Students must develop the attitudes and behaviors needed to promote healthy and independent functioning of the client. Secondary level and adult level home health aide programs in BOCES and public schools must identify use of Health Sciences Education Core:

- Academic Foundation
- Communication
- Health Care Systems
- Education and Career Preparation/Employability Skills
- Legal responsibilities
- Ethics
- Safety Practices
- Teamwork
- Health Maintenance Practices
- Technical Skills
- Information Technology in Healthcare

Each HHATP must identify and clearly state its goals and objectives and must include measurable performance criteria specific to both the curricular subject material and clinical content required by the NYSED.

In order to assure that all HHATPs are teaching comparable content, HHATPs are required to base instruction, including lesson plans, on the content of the NYSDOH Home Care Curriculum (HCC), found in Appendix A, and [Health Related Tasks Curriculum \(HRTC\)](#).

The training program's teaching staff may exercise discretion in determining the amount of time required to adequately teach each of the subject areas, however, the minimum training time required must be met for each subject area and the training hours must total a minimum of 95 hours.

Other resources may be used at the discretion of the approved RN nurse instructor supervising the approved HHATP.

## Program Training Hours

The minimum number of hours required by NYSED for the implementation of a home health aide training program:

**Secondary and Adult Home Health Aide Training Program:** 95 total program hours: 65 hours of theory (NYSDOH home health aide training program required curriculum, NYSED health sciences core standards and home health aide theory), and 30 hours of supervised practical experience. The supervised practical experience must include a minimum of 15 hours of patient care performance skills in an approved setting other than a long-term care facility. Orientation, observational/shadowing, and like experiences are not to be included in the 30 hours.

Hours may be increased, but they cannot be fewer than the prescribed minimums.

## Evaluation of the Student

Home health aide training program providers are also responsible for ensuring that each home health aide student is competent in each skill and procedure taught in the training program. Health Science Core, skills, and procedures must be reviewed prior to introduction of a student into the client/patient setting however, competency evaluation may be integrated throughout the training program or may be conducted subsequent to classroom and supervised practical training. A minimum of 16 hours of classroom training is required prior to the start of the supervised practical training. Competency must be evaluated by an approved RN Nurse Instructor.

The following methods must be utilized in the evaluation of competency:

- Written and/or oral examinations that demonstrate the student’s knowledge of the information presented in the classroom training; and
- Observation and demonstration by the student of his/her competency in performing the required skills in the laboratory or patient care setting.

To evaluate each home health aide student’s competence in performing the minimally required home health skills, each HHATP must utilize the NYSDOH aligned Procedure Performance Evaluation Form (Appendix B). Test questions must comprehensively test the student in all areas of the curriculum. If a student is retaking a test after an unsuccessful attempt, this test must be a different version from the previous test taken. A minimum score of 80% is required to ensure mastery of subject material.

## **Confidentiality of Tests and Examinations**

The program is required to have procedures for maintaining the confidentiality of all HHATP tests and examinations. All testing materials must be kept strictly confidential.

## **Screening**

Training programs are expected to develop procedures for screening for the appropriateness of students. Students should be selected on the basis of such factors as sympathetic attitude toward the care of the sick; ability to read, write, and carry out directions; maturity and ability to deal effectively with the inherent demands of an HHA’s responsibilities. Students enrolled into a HHATP must be at least 16 years of age.

## **Documentation of Competency**

A Procedure Performance Evaluation Form (Appendix B) shall be maintained for each student. The student evaluation form must include documentation of the proficiently demonstrated competencies, student name, and approved RN nurse instructor printed name and signature along with initials, who has evaluated the student’s performance of each task and the date successfully completed. This record is to include each of the skills, as prescribed by the NYSDOH (Appendix B).

The skills evaluation document must consist of, at minimum, clear records of:

- duties/skills expected to be learned in the program;
- date of initial demonstration by approved RN instructor, with instructor initials;
- date of student successful return demonstration, with initials of approved RN instructor who supervised the performance; and
- corresponding approved program RN instructor signature.

## **Location, Equipment, and Space to be Utilized for the Training**

At a minimum, the training site should include a classroom area for didactic presentation of curricular content and a laboratory area with equipment and supplies that enable instructors and students the ability to adequately demonstrate clinical tasks. The training site must have the following: tables/desks and chairs, running water, kitchen and laundry facilities or a mock kitchen, audiovisual equipment, storage space, electrical outlets, and lighting. The space should be adequate to suit both the number of students and the equipment. Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

## Suggested Equipment List

- Alcohol wipes
- Bed
- Bed pan and fracture pan
- Bedside commode
- Blood pressure cuff and teaching stethoscope
- Cane
- Clothing for dressing demonstration
- Condom catheter
- Dentures and denture cup
- Doll for baby care and bottle
- Dressing supplies - gauze, tape
- Elastic stockings
- Electric razor
- Emesis basin
- Empty medication bottle with label
- Eyeglasses
- Gait belt
- Gloves
- Hand cleanser
- Hydraulic lift
- Incontinence pads
- Linens - sheets, towels, washcloths
- Lotion
- Measuring pitcher/graduate container
- Orange stick/nail file
- Ostomy supplies - skin barrier, sealant, pouch with fastener, adhesive, disc/wafer, and deodorizer
- Oxygen supplies: Nasal cannula, mask, concentrator, portable tank, nebulizer with tubing, reservoir and mouthpiece
- Paper towels
- Pillows
- Razor and shaving cream
- Scale for weights - balance, digital
- Slide board
- Soap
- Thermometer
- Toothbrush and toothpaste
- Tracheostomy care - cannula, inner cannula, trach straps, trach cleaning kit/supplies

- Urinal
- Urinary catheters
- Urinary drainage bag
- Walker
- Wash basin
- Waste bag
- Wheelchair

Each student should have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

## Personal Care Aide

Personal care aides (PCAs) are permitted to perform fewer health-related tasks than home health aides. Personal care aides are trained in approved personal care activities through the completion of a NYSED-approved training program, which may be accomplished through the completion of, at a minimum, the initial 40 hours (Basic Core) of an approved HHATP. Programs desiring to deliver PCA as part of the NYSED-approved HHATP must first obtain prior approval. Application for approval of a PCA training program would be included on the **HHATP Form A**.

The required performance standards, as indicated on the Procedure Performance Evaluation Form (Appendix B), must be successfully demonstrated to, and assessed by an approved RN Nurse Instructor.

Personal care aide training program certificates are issued by the training program through the HCWR found on the HCS. HHATPs must follow the directives and advisories promulgated by the HCWR regarding documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program within the timeframes required by the HCWR.

## Certified Nurse Aide Transition

Certified nurse aides (CNAs) employed in residential health care facilities (RHCFs, commonly known as nursing homes, long-term care, or skilled nursing facilities) provide personal care and health-related services which are comparable, in many areas, to the activities and tasks performed by home health aides. A CNA who is employed in a nursing home is required to be certified in accordance with the provisions of Section 415.26 of Title 10 of NYCRR. In order to obtain nurse aide certification and be listed in the New York State RHCF Nurse Aide Registry, an individual must successfully complete a state-approved nurse aide training program and pass the state-authorized competency examination. Application for approval of a certified nurse aide transition program would be submitted on **HHATP Form F**.

To offer a certified nurse aide transition program, providers must have the capability to augment a nurse aide's training with classroom and supervised practical training in those skills not included in the nurse aide training program. Such skills include but are not limited to: assistance with the use of medications; handling the patient's money; maintaining a clean, safe home environment; safety, accident prevention and responses to emergencies in the home; taking of blood pressure; and observing, recording and reporting in the home care setting.

A CNA who is registered in the New York State RHC Nurse Aide Registry is not required to repeat training in the content and skills learned in a previous training program. However, the HHATP must assure that the CNA is competent in such skills, through successful demonstration, prior to providing additional training and issuing of a home health aide certificate.

Documentation of the successful completion and proof of competency in the content and skills required must be kept in the individual's file.

Nurse Aide Transition (to HHA) training program certificates are issued by the training program through the HCWR found on the HCS. HHATPs must follow the directives and advisories promulgated by the HCWR regarding documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program within the timeframes required by the HCWR.

### **Home Health Aide Student Identification**

Each home health aide student shall be clearly identified as a student during the supervised practical training portion of the program. This identification must be easily discerned by clients, family members, visitors, and staff.

# Program Application and Approval Process

## Initial Approval

HHATPs shall submit an application for review and approval consideration by NYSED. After reviewing the completed application package, a representative of the Department may, prior to approval, make a site visit to examine the physical layout of the training site or sites. After this review successful applicants will receive a program approval letter. In cases where applications cannot be approved, applicants will be sent correspondence that details deficiencies that must be corrected in order for the program to be approved.

Following approval of the application, the educational institution will receive notification from NYSED and be entered into the HCWR. A program must have submitted an application and received written approval before training begins.

Subsequent visits may also be made once approval is granted to observe classroom instruction and/or in conjunction with survey visits. Initial HHATP approval is granted for a period of up to two years.

NOTE: If the training program makes any significant changes within the two-year approval period, including changes in faculty or sites for training and/or supervised practical training, a change in the status of RN director coordinator or RN nurse instructor, or curriculum, the program MUST notify the Office of CTE of such changes in writing, in order to obtain prior approval of the change.

To begin the approval process, the program must submit [forms found in Part II](#): the Application for a Home Health Aide Training Program Cover Sheet (Form A), RN Director Coordinator Approval (Form B), RN Instructor Approval (Form C), and Curriculum Identification/Verification (Form D), including all attachments and supporting documentation requested. This material will be reviewed by representatives of the appropriate NYSED office for compliance with the federal and state curriculum and program requirements. Applications must be complete in order to be reviewed for approval consideration. The Site Visit Evaluation Self-Study (Form G) may be used to guide programs through the site visit process. Please do not submit Form G with the application.

## Continuing Approval

Continuing approval of programs will be based on submission of the HHATP Application Cover Sheet (Form A) and HHATP Continuation and Summary Evaluation (Form E) to the NYSED Office of CTE. Applications for continuing approval must be submitted 90 days prior to expiration of the current two-year approval.

An onsite program review will be conducted every two years to determine approved program's continuing compliance. The RN program director will use the Site Visit Evaluation Self-Study (Form G) in preparation for the site evaluation. Please do not submit Form G to the NYSED CTE Office.

## Rescinding Approval

NYSED may rescind approval of a HHATP if a training program is found to be out of compliance with the federal and state applicable training requirements of 42 CFR, Part 484 and 10 NYCRR, §§ 700.2. Egregious, systemic, cumulative, or repetitive deficient findings or failure to submit an acceptable plan of correction may constitute grounds for rescinding approval. The entire training program approval may be revoked for a period of at least two years. The secondary public school or BOCES will then be required to re-apply after the two-year period, for consideration, in order to resume training.

## Faculty and Credentials

These requirements, at a minimum, are derived from federal regulation 42 CFR 484.36(a)(2)(ii), as it relates to faculty and credentials.

### RN Director Coordinator

A RN director coordinator must be designated along with the RN nurse instructor(s). The RN director coordinator has the administrative responsibility for the coordination of training activities and program oversight.

The HHATP must be provided by or under the direction of a currently licensed NYS registered professional nurse who

- has two years of nursing experience, and
- at least one year of which must be in the provision of home health care services in an Article 36 or Article 40 approved agency.

### RN Nurse Instructor

The HHATP must be provided by a currently licensed NYS registered professional nurse who

- has two years of nursing experience, and
- at least one year of which must be in the provision of home health care services in an Article 36 or Article 40 approved agency.

The RN Director Coordinator Approval Form and/or RN Nurse Instructor Approval Form C for the HHATP must be submitted to NYSED at least 90 days prior to the instructor teaching any classes. The Instructor Approval Form will be reviewed and upon approval entered into the HCWR by NYSED. NYSED will communicate in writing the approval or disapproval of any RN director coordinator or RN nurse instructor applying to direct or teach a home health training program.

The training program must notify the NYSED Office of CTE of any change in the status of approved RN director coordinator or RN nurse instructor, such as resignations or extended leave within 10 business days of change. Failure to notify the NYSED Office of CTE of a change in status of an approved RN director coordinator or RN nurse instructor or the addition of a new RN director coordinator or RN nurse instructor may result in immediate rescinding of the program's approval. It is not necessary to notify the NYSED Office of CTE of substitutions for the instructor as long as the substitute is an approved RN nurse instructor for that program in the HCWR.

Approved RN nurse instructor(s) responsibilities include:

- Coordinating the didactic portion of the program,
- Conducting the supervised practical training, and
- Performing all competency evaluations.

## Clinical Affiliation Agreements

An affiliation agreement is a legal contract between the educational institution and the nursing facility and/or health care agency in which the supervised practical training portion of the program is being conducted. The agreement must be written and duly signed by both parties. If the educational institution affiliates with more than one agency, each agency must be listed on the HHATP Form A and an agreement with each agency must be submitted with the application (see Sample Affiliation Agreement, Appendix C.). A valid contract for each indicated clinical agency must be maintained on file at all times.

The contract must:

- specify a starting date;
- be reviewed annually and revised as needed;
- state the rights and responsibilities of the educational institution, the affiliating agency, and the students; and
- contain a non-discrimination clause consistent with state and federal regulations.

# Record Keeping and Reporting Obligations

## Program Records

The agency delivering the program must develop a record-keeping system which will maintain the following information:

- A record of all students admitted to the program, dates of attendance and a record of the skills the students mastered, i.e., a performance evaluation task list.
- The names of the program RN Director Coordinator and RN Nurse Instructor and a record of his or her credentials. (In some instances, these may be the same individual.)

## Reporting Changes in Approved Programs

NYSED must be notified of any major proposed changes in a home health aide training program. The following list represents some of the changes and information to be submitted for prior approval:

If there is a change in...	Information needed...
The delivery agency	Submit the Application for Approval of a Home Health Aide Training Program (Form A).
The school/site name	Submit the Application for Approval of a Home Health Aide Training Program, noting change in school/site name (Form A).
The clinical site(s)	Submit a mutually signed affiliation agreement for each new site along with Form A.
The RN Director Coordinator or RN Nurse Instructor	Submit the RN Director Coordinator Approval (Form B) and/or RN Nurse Instructor Approval (Form C) with required documentation
The curriculum	Submit the Curriculum Identification/Verification (Form D).

If there is a complete revision of course structure, the agency must resubmit the entire application packet. A separate and complete application is required for the request of an additional site/program.

## Part II: Application Forms and Instructions

## General Instructions

The forms found in this section constitute a complete application for approval of a HHATP. Make sure that all forms are complete and that all attachments and supporting documents are included as missing information will delay review and consideration for program approval.

Three months prior to the anticipated start date of the HHATP, submit the completed application to the NYSED CTE office as below. *Retain copies for your records.*

Program type	Send application to:
Secondary and Adult HHATP in public secondary and BOCES agencies	New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234

## Application Forms and Attachments

A complete application packet is comprised of the following forms and attachments:

- |                |   |
|----------------|---|
| <b>Form A:</b> | Application Cover Sheet <ul style="list-style-type: none"><li>• Copy of Clinical Affiliation Agreement(s)</li></ul>   |
| <b>Form B:</b> | RN Director Coordinator Approval <ul style="list-style-type: none"><li>• Copy of current New York State Professional Nurse Registration</li><li>• Acceptable professional work experience</li></ul> |
| <b>Form C:</b> | RN Nurse Instructor Approval <ul style="list-style-type: none"><li>• Copy of current New York State Professional Nurse Registration</li><li>• Acceptable professional work experience</li></ul>     |
| <b>Form D:</b> | Curriculum Identification/Verification <ul style="list-style-type: none"><li>• Curriculum, if indicated</li></ul>   |

## Forms and Attachment Completion Reminders

Submit the following application form(s). Retain copies for your records.

Form	Remember to...
<b>Form A:</b> Application Cover Sheet	Supply <i>all</i> information requested. Submit an individual application (Application Cover Sheet - Form A) for each program (multiple sites, secondary and adult programs, e.g., a BOCES with multiple campuses that use a common curriculum).
<b>Form B:</b> RN Director Coordinator Approval  <b>Form C:</b> RN Nurse Instructor Approval	<ul style="list-style-type: none"> <li>• Individuals must be hired and approved prior to the program's start in order for the program to receive approval.</li> <li>• Prior to the submission of forms, programs are to verify all criteria for a <a href="#">RN Director Coordinator</a> and/or <a href="#">RN Nurse Instructor</a> are met.</li> <li>• Collect required documentation for RN Director Coordinator and/or RN Nurse Instructor(s).</li> <li>• Program RN Director Coordinator or RN Nurse Instructor must complete and sign the forms, then have forms signed by the school administrator.</li> <li>• Send Form B and Form C with required documentation.</li> </ul>
<b>Form D:</b> Curriculum Identification/Verification	Indicate which curriculum is being used. If a locally developed curriculum is used, submit the curriculum and performance objectives.
<b>Form E:</b> Continuation and Summary Evaluation	This form must be submitted, along with relevant documentation, to request approval of program changes. It must also be submitted on the off-year of the bi-annual site visit to indicate status of program.
<b>Form F:</b> Certified Nurse Aide Transition	This form must be submitted to apply for approval of a CNA Transition to HHA along with the Cover Sheet (Form A).

## FORM A: HHATP Application Cover Sheet

Submit an individual application for each program (multiple sites, secondary and adult).

### A. Program Information

School District or BOCES:	Program Number: (Ex. 24XXXX)
<input type="checkbox"/> New Program Request <input type="checkbox"/> Continuing Program Approval (Site Visit) <input type="checkbox"/> Change(s) Request: <input type="checkbox"/> Site/Facility <input type="checkbox"/> RN Director Coordinator <input type="checkbox"/> RN Instructor <input type="checkbox"/> Curriculum	
Level: <input type="checkbox"/> Secondary <input type="checkbox"/> Adult  PCA requested: <input type="checkbox"/>  CNA to HHA Transition requested (Form F attached): <input type="checkbox"/>	School/Site Name:  Address:  Phone: (    )
RN Director Coordinator: Name: Address:  Phone: (    ) E-mail address:	RN Instructor: Name: Address:  Phone: (    ) E-mail address:

### B. Course Detail

RN to student practical training ratio Lab (8:1 max):  Clinical Site (8:1/3:1/1:1):	<i>Minimum required hours:</i> <u>Secondary and Adult</u> - 95 total hours: 65 class and 30 supervised practical training (at least 15 of which are in a home care patient setting [long-term care facilities are not permitted])  Class hours:            Clinical hours:            Total hours: PCA requested (if so, indicate hours): CNA to HHA Transition requested (if so, indicate hours):	Number of course offerings per year:	Number of students per class (20:1 max):
--	---	--------------------------------------	--

### C. Supervised Clinical Experience Site

*List all home care agencies used and attach a copy of clinical affiliation agreement for each. Use additional sheets if needed.*

Name	Address	Phone	Contract Expiration Date
		(    )	
		(    )	
		(    )	

### For State Use Only

Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	NYSED Staff Person:	Date:
--	---------------------	-------

## FORM B: HHATP RN Director Coordinator Approval

Submit this form with the application cover sheet (Form A). Attach a separate form for each program site.

School District or BOCES:	Program Number: (Ex. 24XXXX)
RN Director Coordinator:  Name:  Address:  Phone: (    )  E-mail address:	School/Site Name:  Address:  Phone: (    )

Required Documentation	Yes	No
A. Professional Credential: current New York State Professional Nurse Registration License # _____ (attach)	<input type="checkbox"/>	<input type="checkbox"/>
B. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach)	<input type="checkbox"/>	<input type="checkbox"/>

**Attestation Signature**

*I certify that the above information is correct and attest to program compliance with regulatory requirements:*

RN Director Coordinator Signature:	Date:
School Administrator Signature:	Date:

**Mailing Instructions**

Secondary and Adult HHATP programs in public secondary and BOCES agencies	New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234
---	--

## FORM C: HHATP RN Nurse Instructor Approval

Submit this form with the application cover sheet (Form A). Attach a separate form for each program site.

School District or BOCES:	Program Number: (Ex. 24XXXX)
---------------------------	------------------------------

RN Nurse Instructor:  Name:  Address:   Phone: (    )  E-mail address:	School/Site Name:  Address:   Phone: (    )
---	--

Required Documentation	Yes	No
C. Professional Credential: current New York State Professional Nurse Registration License # _____ (attach)	<input type="checkbox"/>	<input type="checkbox"/>
D. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach)	<input type="checkbox"/>	<input type="checkbox"/>

### Attestation Signature

*I certify that the above information is correct and attest to program compliance with regulatory requirements:*

RN Nurse Instructor Signature:	Date:
RN Director Coordinator Signature:	Date:
School Administrator Signature:	Date:

### Mailing Instructions

Secondary and Adult HHATP programs in public secondary and BOCES agencies	New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234
---	--

<b>FORM D: HHATP Curriculum Identification/Verification</b>		
School District or BOCES:	Program Number: (Ex. 24XXXX)	
Program—please check one:    Secondary <input type="checkbox"/> Adult <input type="checkbox"/>		
Curriculum	Yes	No
A.    This program uses the NYSDOH/NYSED and Health Sciences Education Core required curriculum.	<input type="checkbox"/>	<input type="checkbox"/>
B.    This program uses locally developed curriculum, inclusive of the required NYSDOH/NYSED and Health Sciences Core curriculum. If yes, a copy of the curriculum must be submitted.	<input type="checkbox"/>	<input type="checkbox"/>
C.    For new programs seeking approval and programs using locally developed curriculum, a copy of the curriculum is included.	<input type="checkbox"/>	<input type="checkbox"/>
Attestation Signature		
<i>I certify that the above information is correct and attest to program compliance with regulatory requirements:</i>		
RN Nurse Instructor Signature:	Date:	
RN Director Coordinator Signature:	Date:	
Mailing Instructions		
Secondary and Adult HHATP programs in public secondary and BOCES agencies	New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234	

## FORM E: HHATP Continuation and Summary Evaluation (Page 1 of 2)

If a change in RN Director Coordinator, RN Instructor, curriculum, clinical or classroom site are anticipated or planned, submit the application cover sheet (Form A), approval form for RN Director Coordinator (Form B), approval form for RN instructor (Form C), curriculum identification (Form D), and valid clinical contracts, with the proposed changes at least four weeks prior to allow for review and approval.

All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Submission of a continuing application to NYSED in the year in which a site visit is not conducted (every other year), to include this form and its attestation signature certifying, under penalty of perjury, that an annual evaluation of the program has been conducted and all policies and procedures are in compliance with federal and state regulations.

School District or BOCES:	Program Number: (Ex. 24XXXX)
Level: <input type="checkbox"/> Secondary  <input type="checkbox"/> Adult	School/Site Name:  Address:  Phone: (    )
RN Director Coordinator: Name: Address:  Phone: (    ) E-mail address:	RN Instructor: Name: Address:  Phone: (    ) E-mail address

### Proposed Change(s)

The following change(s) are proposed (corresponding forms attached):

- Clinical or classroom site
- RN Director Coordinator
- RN Nurse Instructor
- Curriculum
- No changes have been made to this program since the last NYSED on-site evaluation

## FORM E: HHATP Continuation and Summary Evaluation

### (Page 2 of 2)

School District or BOCES:

Program Number: (Ex. 24XXXX)

#### Program Summary Evaluations

Quality management processes are to focus on the overall operation of the training program and must address at a minimum the following:

- Monitoring for compliance with the requirements in this guide
- Monitoring of contracts
- Analysis and evaluation of program’s educational outcomes that address the effectiveness of the:
  - Instructor(s)
  - Lesson plans
  - Equipment and other materials utilized to achieve learning objectives, e.g., videos, textbooks, etc.
  - Evaluation of the supervised practical training site(s)
  - Student evaluation of the program, including effectiveness of communication between instructor and students
  - Analysis and evaluation of testing results, admission standards and program completion rates
- Development and implementation of strategies for improvement of the HHATP

#### Attestation Signature

*I certify that the above information is correct and attest to program compliance with regulatory requirements:*

RN Director Coordinator Signature:

Date:

#### Mailing Instructions

Secondary and Adult HHATP programs in public secondary and BOCES agencies

New York State Education Department  
Office of Career and Technical Education  
89 Washington Avenue, Room 315 EB  
Albany, New York 12234

## FORM F: Certified Nurse Aide to Home Health Aide Transition

A CNA who is registered in the New York State RHCF Nurse Aide Registry is not required to repeat training in the content and skills learned in a previous training program. However, the HHATP must assure that the CNA is competent in such skills, through successful demonstration, prior to providing additional training and issuing of a home health aide certificate. Documentation of the successful completion and proof of competency in the content and skills must be kept in the individual's file.

School District or BOCES:	Program Number: (Ex. 24XXXX)
---------------------------	------------------------------

Level: <input type="checkbox"/> Adult	School/Site Name:  Address:   Phone: (    )
---------------------------------------	--

RN Director Coordinator: Name: Address:   Phone: (    ) E-mail address:	RN Instructor: Name: Address:   Phone: (    ) E-mail address:
---	---

### CNA Transition to HHA Delivery Mode

Supporting documentation for each of the following is attached:

- The approved HHA RN instructor for the specific program site to deliver the training modality;
- CNA status to be identified for each enrolled student (blank enrollment form);
- Method for determination of student competency of overlapping skills (blank skills sheet);
- Theory content and skills to be delivered for the new units (curricular outline with hours identified);
- HHA performance skills demonstration and competency (skills sheet);
- Supervised clinical experience in a licensed home care agency by the operationally approved RN instructor (number of hours, ratio and approved clinical site)

### Attestation Signature

*I certify that the above information is correct and attest to program compliance with regulatory requirements:*

RN Director Coordinator Signature:	Date:
------------------------------------	-------

### Mailing Instructions

Secondary and Adult HHATP programs in public secondary and BOCES agencies

New York State Education Department  
 Office of Career and Technical Education  
 89 Washington Avenue, Room 315 EB  
 Albany, New York 12234

## FORM G: HHATP Site Visit Evaluation Self-Study

The following sample evaluation is provided to assist in preparation for the site visit by representatives of the New York State Education Department. During the on-site visit, you will be asked to produce evidence of compliance with the regulations (e.g., a copy of each student's performance record). The evaluator will review the items found in the following checklist to assess the program's compliance. This form is for your use and should not be submitted with your application.

Program Content	Yes	No
A. The program minimum of 95 total hours must include: a minimum 65 hours of home health aide theory and 30 hours of practical training experience. Both secondary and adult programs are required to include the NYSDOH curriculum and NYSED health science core standards.	<input type="checkbox"/>	<input type="checkbox"/>
B. The NYSDOH-developed Home Health Aide curriculum and NYSED health science core standards are being used.	<input type="checkbox"/>	<input type="checkbox"/>
A locally developed curriculum, approved by the New York State Education Department and in compliance with federal and state regulations, is being used.	<input type="checkbox"/>	<input type="checkbox"/>
C. Instruction reflects the curriculum as evidenced by daily lesson plans, expanded outlines and/or classroom observations.	<input type="checkbox"/>	<input type="checkbox"/>
D. The written objectives and evaluation instruments used in supervised practical training experience reflect the curriculum and the <i>procedure performance are those prescribed by the NYSDOH.</i>	<input type="checkbox"/>	<input type="checkbox"/>
RN Director Coordinator Qualifications (see Form B)	Yes	No
A. The coordinator on file with the New York State Education Department is a currently registered professional nurse.	<input type="checkbox"/>	<input type="checkbox"/>
B. The coordinator has at least two years of RN experience, one of which <i>must</i> be in a licensed home care agency.	<input type="checkbox"/>	<input type="checkbox"/>
RN Instructor Qualifications (see Form C)	Yes	No
A. The instructor on file with the New York State Education Department is a currently registered professional nurse.	<input type="checkbox"/>	<input type="checkbox"/>
B. The instructor has at least two years of RN experience, one of which <i>must</i> be in a licensed home care agency.	<input type="checkbox"/>	<input type="checkbox"/>

Home Health Aide Student		Yes	No
A.	Evidence is provided that the home health aide student is identified as such during the clinical education portion of the program.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evidence is provided that the home health aide student only assumes specific duties involving direct patient care after completing <i>at least 16 hours</i> of classroom instruction, and only performs duties for which <i>previous instruction has been given</i> .	<input type="checkbox"/>	<input type="checkbox"/>
C.	The home health aide student is supervised by a nursing instructor in a health care facility.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Evidence exists student to staff ratios are maintained (class 20:1, lab 8:1, clinical 8:1/3:1/1:1 as per the site)	<input type="checkbox"/>	<input type="checkbox"/>

Records		Yes	No
There is a program record on file which includes the following:			
A.	the names of the RN director coordinator and RN nurse instructor and a copy of credentials,	<input type="checkbox"/>	<input type="checkbox"/>
B.	a current, signed affiliation agreement for each agency used in the clinical experience portion of the home health aide training program (if ongoing, current letter from agency must address contract still valid),	<input type="checkbox"/>	<input type="checkbox"/>
C.	the names of all students admitted to the program and their dates of attendance, and	<input type="checkbox"/>	<input type="checkbox"/>
D.	an individual student performance record on file ( <i>for every student completer</i> ), as prescribed by the NYSDOH, that includes the following:		
	• a list of measurable performance criteria for each duty/skill expected to be learned in the program,	<input type="checkbox"/>	<input type="checkbox"/>
	• documentation of the date the student performed each duty/skill,	<input type="checkbox"/>	<input type="checkbox"/>
	• documentation of satisfactory student performance, and	<input type="checkbox"/>	<input type="checkbox"/>
	• initials and name of instructor supervising the student performance.	<input type="checkbox"/>	<input type="checkbox"/>

Records (continued)	Yes	No
---------------------	-----	----

For programs approved for and offering PCA as part of the HHA program, there is a program record on file which includes the following:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Check here if not applicable/PCA is not approved part of this program |                          |                          |
| • identified curricular basic core (minimal first 40 HHA program hours) with lesson plans,     | <input type="checkbox"/> | <input type="checkbox"/> |
| • the names of all students admitted to the program and their dates of attendance, and         | <input type="checkbox"/> | <input type="checkbox"/> |
| • a record of PCA program completers.  | <input type="checkbox"/> | <input type="checkbox"/> |

For programs approved for and offering Nurse Aide Transition as part of the HHA program, there is a program record on file which includes the following:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Check here if not applicable/NA Transition is not approved part of this program   |                          |                          |
| • identified curricular content (outlining HHA theory and skills beyond that of a CNA, and identifying how the student is assessed on previously trained NA skills) with lesson plans, | <input type="checkbox"/> | <input type="checkbox"/> |
| • the names of all students admitted to the program and their dates of attendance, and   | <input type="checkbox"/> | <input type="checkbox"/> |
| • a record of Nurse Aide Transition program completers.  | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Facilities	Yes	No
---------------------	-----	----

Both the classroom and the skills training laboratory provide the following:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • adequate room size*, lighting and ventilation, sufficient number and placement of electrical outlets, tables and chairs;                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • supplies and equipment as would be found in a residential facility and necessary to deliver the required skills, and storage for supplies and records; and | <input type="checkbox"/> | <input type="checkbox"/> |
| • the presence of a sink with running water (skills lab).  | <input type="checkbox"/> | <input type="checkbox"/> |

\*Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

# Appendices

- A. New York State Education Department Home Care Curriculum Requirements
- B. New York State Education Department Procedure Performance Evaluation Form
- C. Sample Affiliation Agreement

## New York State Education Department

### Home Care Curriculum Requirements

Module	Topics
Introductory Curriculum	Home care, the home care worker, and the client What is a home care worker Providing home care
Safety and Injury Prevention	Injuries Injury prevention What to do when injuries and emergencies happen
Working Effectively with Home Care Clients	Theories of basic human needs Diversity Communication and interpersonal skills Caregiver observation, recording and reporting Confidentiality
Working with the Elderly	What is aging Aging and the body/body systems Aging and the mind
Working with Children	Family situations in which children may need home care workers How children develop and how to work with them Problems that affect the family and how children react to stress How you can help strengthen families through work with parents or caregivers
Working with People who are Mentally Ill	What is mental health Understanding mental illness Mental health, mental illness, and the home care worker impairments
Working with People with Developmental Disabilities	Understanding developmental disabilities Developmental disabilities and home care
Working with People with Physical Disabilities	Understanding physical disabilities How the home care worker can help the physically disabled
Food Nutrition and Meal Preparation	The major nutrients Meal planning Food preparation and serving Food shopping, storage, and handling food safely Modified diets

Module	Topics
Family Spending and Budgeting	The role of the home care worker in family spending and budgeting Ways to make the most effective use of the family's finances
Care of the Home and Personal Belongings	Importance of housekeeping in home care Performing housekeeping in the home Ways to be safe and save energy and time How to get the job done
Personal Care	Defining personal care Personal care skills <ul style="list-style-type: none"> <li>A. Handwashing [BASIC CORE]</li> <li>B. Infection control [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Process of infection</li> <li>2. Standard precautions</li> <li>3. Bloodborne pathogens</li> <li>4. Exposure incidents</li> </ul> </li> <li>C. Freedom from pain [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Pain management</li> <li>2. Recognizing and reporting pain</li> </ul> </li> <li>D. Urinary system [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Assisting with bedpan/urinal/fracture pan</li> <li>2. Bedside commode/toilet</li> <li>3. Incontinence</li> </ul> </li> <li>E. Digestive system [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Nutrition and a balanced diet</li> <li>2. Assisting with eating and hydration                   <ul style="list-style-type: none"> <li>a) Proper feeding techniques                       <ul style="list-style-type: none"> <li>i. Positioning</li> <li>ii. Assistance for independent eaters</li> </ul> </li> </ul> </li> <li>3. Partial assistance with eating</li> <li>4. Measuring and recording weight</li> </ul> </li> <li>F. Integumentary system [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Skin care and alterations in skin                   <ul style="list-style-type: none"> <li>a) Healthy skin</li> </ul> </li> </ul> </li> <li>G. Musculoskeletal system [BASIC CORE]               <ul style="list-style-type: none"> <li>1. Transfers, positioning and turning                   <ul style="list-style-type: none"> <li>a) Body mechanics</li> <li>b) Turning and positioning in bed and chair</li> <li>c) Transfer with one assist</li> </ul> </li> <li>2. Ambulation                   <ul style="list-style-type: none"> <li>a) One assist</li> <li>b) Assistive devices (canes, walkers, etc.)</li> <li>c) Safety principles</li> </ul> </li> <li>3. Range of motion</li> </ul> </li> </ul>

- 
- H. Bathing
    - 1. Processes
      - a) Partial/sponge bath
      - b) AM/PM care
      - c) Shower
      - d) Tub
  - I. Grooming
    - 1. Haircare
      - a) Shampooing
      - b) Bushing/combing
    - 2. Mouthcare
      - a) Conscious resident/client patient
        - i. Partial assistance
        - ii. Total assistance
      - b) Dentures
      - c) Edentulous
    - 3. Shaving
    - 4. Hand and nail care
    - 5. Footcare
  - J. Dressing
    - 1. Assisting the client
      - a) Dependent
      - b) Needing assistance
    - 2. Adaptive Equipment
      - a) Glasses
      - b) Prosthesis
  - K. The clients' environment
    - 1. Components and care of the environment – drawers, closets and immediate environment
    - 2. Unoccupied bed
    - 3. Occupied bed

---

Personal Care	Personal care for the well-baby
---------------	---------------------------------

---

Special Equipment	Special equipment use by home care clients
-------------------	--

---

Self-Administration of Medications	Assisting with the self-administration of medications
------------------------------------	---

---

Supervised Practical Training	<p>Training in a client/patient's home or other health care setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of an approved RN Nurse Instructor.</p> <p>This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training. During this time, the home health aide student practices, with clients in real situations, the skills learned during the training program, prior to the return demonstration to the program RN Nurse Instructor.</p>
-------------------------------	---

---

# HOME HEALTH AIDE TRAINING PROGRAM

## Procedure Performance Evaluation Form

HHA STUDENT: \_\_\_\_\_

HHA TRAINING PROGRAM: \_\_\_\_\_

RN INSTRUCTOR: \_\_\_\_\_

DATE OF HHA TRAINING: FROM: \_\_\_\_\_ TO \_\_\_\_\_

PERFORMANCE PROCEDURES	DATE INITIAL DEMO. BY INSTR.	RN Instructor INITIALS	DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY STUDENT	RN Instructor INITIALS	COMMENTS
<b>Required Procedures</b>					
Handwashing					
Donning and Doffing PPE					
Heimlich maneuver					
Cleaning a glass thermometer					
Measuring an oral temperature with a glass thermometer					
Measuring the pulse and respirations					
Measuring blood pressure					
Transfer to a sitting position					
Helping a client to sit at the side of the bed					
Helping a client to stand					
Assisting with passive range of motion exercises					
Assisting with postural drainage					
Assisting with the use of the oxygen concentrator					
Assisting with the use of the oxygen tank and liquid oxygen reservoir					
Assisting with the use of medication					
Assisting with the use of nebulizer and air compressor					
Assisting with the use of the CPAP machine					
Positioning on the back					
Positioning on the side					
Assisting with changing a clean dressing					
Assisting with changing an ileostomy or colostomy pouch					
Assisting with routine tracheostomy care					
<b>Optional Procedures</b>					
Measuring a temperature with a non-contact digital thermometer					
Measuring an oral temperature with an electronic thermometer					
Measuring a rectal temperature with a glass thermometer					
Measuring a rectal temperature with an electronic thermometer					
Assisting with the use of an ace bandage					

## HOME HEALTH AIDE TRAINING PROGRAM Procedure Performance Evaluation Form

HHA STUDENT: \_\_\_\_\_

PERFORMANCE PROCEDURES	DATE INITIAL DEMO. BY INSTR.	RN Instructor INITIALS	DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY STUDENT	RN Instructor INITIALS	COMMENTS
Assisting with the use of condom catheters					
Assisting with cleaning the skin and catheter tubing					
Assisting with the emptying of the urinary drainage bag					
Assisting with the use of a commercially prepared enema					
Assisting with the use of a soap solution enema					
Assisting with the use of a douche					
Assisting with the use of a commercially prepared douche					
Assisting with emptying an open-end ileostomy or colostomy pouch					
Assisting with cleaning a reusable pouch					
Assisting with a colostomy irrigation					

NOTES/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We hereby certify that the procedure performance student evaluation form depicted above is true and correct and that the named Home Health Aide student has successfully completed all procedures. A copy of this completed evaluation checklist has been provided to the Home Health Aide student.

RN Instructor			
Date	Name/Title of RN Instructor	Signature	Initials

# Sample Affiliation Agreement

School  
Address

## AGREEMENT OF AFFILIATION WITH [name of clinical agency]

The [name of school] has been approved to start a [program name] program which requires clinical experience in a healthcare facility. The [name of facility] has agreed to provide this supervised clinical experience. Therefore, the healthcare facility now referred to as the affiliating institution, and the school enter into the following agreement:

The agreement will begin on [date] and terminate on [date]. The agreement will be reviewed annually by both parties before the agreement is renewed. Either party may terminate during this contract with at least [number of days] days of notice.

The school will arrange for a maximum of [number of students] students to affiliate at [name of healthcare facility] for a period of [number of days] days. The specific days will be agreed upon by a designee of each party and each will keep a copy of the schedule.

The student and the instructor will carry liability insurance and a signed statement indicating that they have a policy which covers this.

The school recognizes that the affiliating agency has a service responsibility to the resident, client, patient. If the student jeopardizes this in any way, the affiliating institution has the right to ask that the student be removed from the clinical experience.

Before the student begins the supervised clinical experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties.

The students will be under the direct supervision of the clinical instructor employed by the school and will have received classroom instruction before being authorized to perform patient care. The clinical instructor will make assignments and establish objectives, and with the help of professional staff of the institution, evaluate each student's performance.

The affiliating institution and the school agree to accept and place students in clinical assignments without regard to sex, race, color, national origin or disability.

Signature of Agency Representative:

Title of Agency Representative:

Date:

Signature of School Representative:

Title of School Representative:

Date: