



Nursing Education Coordinator

Handbook 2020-2021

Knox County Schools
Nursing Education Coordinator Handbook
Index

Nursing Education State Standards ----- Page 1

Work Based Learning Health Science Placements ----- Page 2

Nursing Education Pacing Guide----- Page 3

Nursing Education Student File Checklist ----- Page 4

Nursing Education Checklist ----- Page 5

Nursing Education Federal Regulations ----- Page 6

Nursing Education Facility Agreement----- Page 7

Nursing Education CNA Candidate Information----- Page 8

Nursing Education Clinical Internship

Teacher Recommendation----- Page 9

Nursing Education Clinical Internship

Essay Requirements ----- Page 10

Nursing Education Application for

Nursing Assistant Program ----- Page 11

Nursing Education Application for Clinical Internship/Nursing Education/Capstone
Courses ----- Page 12

Nursing Education Driving Permission and Waiver ----- Page 13



Nursing Education

Primary Career Cluster:	Nursing Education
Program Manager:	Sloan Hudson, (615) 532-2839, Sloan.Hudson@tn.gov
Course Code(s):	6000
Prerequisite(s):	<i>Health Science (5998), Medical Therapeutics (5999), and Anatomy & Physiology (3251 or 5991)</i>
Credit:	1
Grade Level:	11-12
Graduation Requirements:	This course satisfies one of three credits required for an elective focus when taken in conjunction with other Health Science courses.
Programs of Study and Sequence:	This is the final course in <i>Nursing Services</i> program of study.
Aligned Student Organization(s):	HOSA: http://www.tennesseehosa.org Pamela Sieffert, (615) 532-6270, Pamela.Sieffert@tn.gov
Coordinating Work-Based Learning:	Students enrolled in this course who wish to pursue certification must spend a minimum of 40 hours in a clinical setting. Twenty-four of the 40 hours must be spent in a long-term care facility, and the remainder can take place in any setting that employs certified nursing assistants. Teachers must hold an active WBL Certificate provided by the Tennessee Department of Education. For more information, please visit https://www.tn.gov/education/career-and-technical-education/work-based-learning.html
Available Student Industry Certifications:	Certified Nursing Assistant and/or Certified Patient Care Technician
Dual Credit or Dual Enrollment Opportunities:	There are no known dual credit/dual enrollment opportunities for this course. If interested in developing, reach out to a local postsecondary institution to establish an articulation agreement.
Teacher Endorsement(s):	577, 720
Required Teacher Certifications/Training:	This course can only be taught by Registered Nurses. First time teachers must also attend an 8 hour training provided by the Department of Education. Additional training requirement: Work-Based Learning training
Teacher Resources:	https://www.tn.gov/content/dam/tn/education/ccte/cte/cte_resource_health_science.pdf

Course Description

Nursing Education is a capstone course designed to prepare students to pursue careers in the field of nursing. Upon completion of this course, a proficient student will be able to implement communication and interpersonal skills, maintain residents' rights and independence, provide care safely, prevent emergency situations, prevent infection through infection control, and perform the skills required of a nursing assistant. At the conclusion of this course students may sit for the Certified Patient Care Technician (CPCT) exam, or if students have logged 40 hours of classroom instruction and 20 hours of classroom clinical instruction, and if they have completed 40 hours of site-based clinical with at least 24 of those hours spent in a long-term care facility through a Tennessee Department of Health approved program, they are eligible to take the certification examination as a Certified Nursing Assistant (CNA).

Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality.

Note: In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff.

Work-Based Learning Framework

Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a *Personalized Learning Plan* template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor Law, and Tennessee Department of Education policies, which must be used for students participating in WBL opportunities. Additionally, this course must be taught by a teacher with an active WBL Certificate issued by the Tennessee Department of Education and follow policies outlined in the Work-Based Learning Policy Guide available online at <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>.

Program of Study Application

This is the capstone course in the *Nursing Services* program of study. For more information on the benefits and requirements of implementing this program in full, please visit the Health Science website at <https://www.tn.gov/education/career-and-technical-education/career-clusters/cte-cluster-health-science.html>

Course Requirements

This capstone course aligns with the requirements of the Work-Based Learning Framework (established in Tennessee State Board High School Policy), with the Tennessee Department of Education's Work-Based Learning Policy Guide, and with state and federal Child Labor Law.

Course Standards

Professionalism, Residents' Rights, and Independence

- 1) Differentiate between the services and careers in a long-term care (LTC) setting. Document allowable length of stay, payment options, and regulation of LTC facilities in written, oral, and digital artifacts. Research and document educational requirements as well as state and national guidelines governing practicing professionals (such as licensing, certifications, training, and compliance) in a long-term care (LTC) setting.
- 2) Identify personal and professional characteristics of an employee in an LTC facility. Explain the characteristics in the context of the nursing assistant's role and relate them to common professionalism expectations, including expectations surrounding attire, accountability including chain of command, scope of practice, resident care plan, nursing process, productivity and time management, performing duties as assigned, and demonstrating ethical behavior. A student will have a Personalized Learning Plan that identifies their long-term goals, demonstrates how the Work-Based Learning (WBL) experience aligns with their elective focus and/or high school plan of study, addresses how the student plans to meet and demonstrate the course standards, and addresses employability skill attainment in the following areas:
 - a. Application of academic and technical knowledge and skills (embedded in course standards)
 - b. Career knowledge and navigation skills
 - c. 21st Century learning and innovation skills
 - d. Personal and social skills
- 3) Obtain a copy of an LTC facility residents' right document. Analyze the document and discuss in a written, oral, or digital artifact** the importance of maintaining a healthy, safe, and respectful environment that includes families and friends. Address at minimum the following components: residents' environment and quality of life; obligation of staff to inform resident and their families of rights and services; right to participate in own care; right to independent choice; informed consent; right to privacy and confidentiality; maintaining care and security of residents' personal possessions; and avenues for dealing with disputes and/or grievances.
- 4) Interpret the Omnibus Reconciliation Act (OBRA) and explain the key concepts in an informational artifact that can be used when teaching new residents and/or their families. Key concepts can include, but are not limited to:
 - a. Importance of an individualized plan of care for each resident
 - b. Minimal requirements for nursing assistant training
 - c. Long Term Care Minimum Data Sets (MDS) guidelines
 - d. Roles of Ombudsmen
 - e. Explanation of Long-Term Care Minimum Data Set
 - f. Purpose and importance of Patient Self-Determination Act
- 5) Summarize the Health Insurance Portability and Accountability Act (HIPAA). Create a digital or written artifact that differentiates between the characteristics and rights of residents

pertaining to advanced directives, living wills, durable power of attorney, and other legal directives governing medical treatment in a long-term care setting. Explain, using domain-specific language and accurate definitions of legal concepts, how the content of these legal documents influences residents' rights in a long-term care facility for all aspects of care.

- 6) Define the terms *abuse* and *neglect*, and differentiate among various types of abuse and neglect through an evaluation of scenarios. Document findings from the scenarios, including all suspicious findings and actual signs of abuse and/or neglect. Accurately summarize the findings, citing evidence from documentation.
- 7) Review LTC facility policy and procedures pertaining to use of physical and mental restraints of residents. Drawing on evidence from health journals and patient rights advocacy organizations, develop an informational artifact discussing the types of restraints, reasons for their uses, restraint alternatives, any associated physical and psychological problems, and residents' rights associated with restraints. The artifact should be assembled in a print or digital format that could be shared with a resident, his/her family, and/or co-workers, citing specific textual evidence and incorporating evidenced-based practice.

Communication/Cultural Diversity

- 8) Examine the skills needed to effectively and respectfully communicate with an LTC resident. Discuss such facets as verbal and nonverbal communication, how to respond to residents' negative or changing behaviors, cultural diversity, residents with special needs or cognitive impairments, barriers to communication, and integration of assistant's interpersonal skills. Practice communication skills, professional and ethical behavior, and non-discrimination standards in a classroom clinical and LTC setting with classmates, families, geriatrics, and persons with special needs, obtaining objective and subjective patient information.
- 9) Research guidelines and formats pertaining to nursing assistant documentation in an LTC facility. Interpret domain-specific words and phrases that are used in documentation, especially in regards to legal requirements and correct medical terminology. Role-play giving and receiving a resident status report using the documented information.

Infection Control/Medical Microbiology

- 10) Review infection control guidelines, Standard Precaution guidelines, Transmission-Based precautions, Personal Protective Equipment use, and infection control of elderly in an LTC facility. Practice skills related to hand washing, donning and doffing a gown, masks, gloves and goggles, handling and cleaning spills, cleaning equipment, and handling laundry.
- 11) In a written or digital format, synthesize information from a range of sources, such as the Centers for Disease Control, into a coherent understanding of the signs/symptoms (s/sx), causative agents, and precautions and preventive measures for the following infectious diseases frequently encountered in an LTC:
 - a. Tuberculosis
 - b. Hepatitis
 - c. Methicillin-resistant *Staphylococcus aureus* (MRSA)

- d. Vancomycin-Resistant enterococcus (VRE)
- e. Clostridium difficile or C. diff
- f. Nosocomial infections

Safety/Emergency Care

- 12) Develop a health education presentation, public service announcement, or brochure for healthcare professionals in an LTC facility aimed at identifying persons at greatest risk for accidents. Include at least the following: types of risk, how to identify risk, signs and symptoms of physical complications of risk, guidelines for preventing risk, and residents' rights. Include at least three resources.
- 13) Investigate the principles of proper body mechanics for the LTC staff members and for the residents. Document industry-specific guidelines for assisting the resident and/or family member to group and other activities safely. Apply the principles in a classroom clinical setting in order to prevent injury and utilize less energy.
- 14) Outline potential medical emergencies within an LTC facility, especially those related to fire, oxygen, choking, wandering or sundowner's syndrome, shock, Myocardial Infarction (MI), bleeding, burns, fainting, diabetes, Cardiovascular Accident (CVA), and natural disasters. Generate a plan and/or guidelines of care for each of the areas previously listed, incorporating facility policies, national standards, and any other resource necessary.

Basic Nursing Skills

- 15) Outline the normal structure and function of body systems related specifically to geriatric clientele, and summarize appropriate medical text(s) in order to list signs and symptoms of common diseases and disorders associated with each. Compile a paper or digital artifact describing abnormalities in geriatric patients and what should be reported to a nurse and/or physician for the following:
 - a. Integumentary systems
 - b. Nervous system with eye and ears
 - c. Musculoskeletal systems
 - d. Cardiovascular and respiratory systems
 - e. Digestive and urinary systems
 - f. Endocrine systems
- 16) Assess vital signs to determine oral temperature, radial and apical pulse, respirations, blood pressure, height, and weight. Calculate body mass index (BMI). Identify acceptable ranges for adult and geriatric patients, as well as the measurements that must be reported to the nurse, including possible causes. Document assessment finding on a classmate or resident's chart at least ten times during the semester.
- 17) In a role-play scenario, articulate nursing assistant standards for the care of a resident who is receiving oxygen therapy. Be able to discuss the reasons for oxygen therapy, types of therapy, types of devices, and safety precautions. Document the process using clear, concise writing skills and domain-specific medical terminology.

- 18) Conduct a short research project to evaluate the causes and management of physical pain in LTC and geriatric residents. Synthesize the information from multiple authoritative sources in a written, creative, or digital presentation (such as a science fair presentation or an art therapy presentation).

Personal Care Skills

- 19) Understand principles of and successfully perform skills related to personal care. Incorporate guidelines for residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
- a. Principles of self-care versus full care
 - b. Bathing/skin care/back rub
 - c. Grooming/shaving/hair care/nail care
 - d. Mouth care/denture care of conscious and comatose resident
 - e. Dressing
 - f. Transfers, positioning, turning in bed
 - g. Bed making, occupied and unoccupied
 - h. Care for resident when death is imminent
- 20) Understand principles of and successfully perform skills related to toileting, intake and output, and bedpan or bedside commode use. Incorporate guidelines for residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
- a. Urine characteristics, and abnormalities that should be reported to the charge nurse
 - b. Common disorders of bladder and bowels
 - c. Factors affecting elimination of urine or stool
 - d. Types of urine specimens obtained
 - e. Catheter care/emptying urinary bag
 - f. Procedure for collecting urine and stool specimens
 - g. Care guidelines for ostomy
- 21) Understand principles of and successfully perform skills related to proper feeding techniques to assist with eating and hydration. Incorporate guidelines of residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
- a. Nutritional needs of the elderly
 - b. Factors that influence food preference
 - c. Special diets
 - d. Thickened liquids
 - e. Swallowing issues and dysphagia
 - f. Heimlich per American Heart Association or American Red Cross standards
- 22) Understand principles of and successfully perform skills related to basic restorative care. Incorporate guidelines of residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
- a. Promoting self-care

- b. Range of Motion (ROM) exercises and maintenance
- c. Ambulation with and without assistive devices
- d. Use of assistive devices in transferring, eating, and dressing
- e. Care and use of prosthetic/orthotic devices
- f. Role of physical therapy, occupational therapy, and speech therapy in LTC and assisted living facilities

Mental Health, Social Needs, and Care of the Cognitively Impaired

- 23) Investigate mental health diseases in the elderly and compare their challenges to those faced by middle adults in Erikson's psychosocial developmental stage. Use technology to produce a health education plan, public service announcement, or a public health presentation intended to inform the public about signs and symptoms, incidence, how the disease/disorder affects the resident and/or family, how to modify staff behavior in response to residents' behavior, and possible treatments.
- 24) Drawing evidence from professional journals and other evidence-based medical websites, analyze the normal changes that occur in the aging of the elderly brain. Include in the analysis: (a) developmental task of aging, (b) methods to reduce the effects of cognitive impairment, (c) attitudes of staff caring for cognitively impaired residents, (d) communication with cognitively impaired residents, (e) methods to reduce effects of cognitive impairment, and (f) acceptable interventions associated with cognitive disorders and behaviors. Present the information in individual or group work using digital and written formats
- 25) Examine a range of ethical dilemmas encountered in an LTC facility. For example, compare and contrast the legal rights of residents to make their own personal choices with instances in which family involvement may be necessary in order to care and make decisions for patients who have cognitive disorders. Craft an original argument outlining the circumstances under which a certain behavior or medical decision would be ethically or legally justified, citing examples and medical evidence to support claims.
- 26) Describe therapies or strategies for addressing the unique needs of cognitively impaired residents and modifying behavior in a positive manner. Identify any resources or support groups available in the local community for resident and families. Reach out to those resources and/or groups to obtain information; then develop a written or digital teaching plan for residents and families.

Portfolio

- 27) Compile and continually update a portfolio of artifacts completed in this course. If pursuing Nursing Assistant certification or dual enrollment/dual credit hours, document hours spent on activities such as clinical placement or classroom contact with an articulated institution. Upon completion of the course, prepare the portfolio in a professional style to present to an appropriate nursing audience.

The following artifacts will reside in the student portfolio:

- Skills performance rubrics
- Documentation of long-term clinical hours
- Documentation of classroom clinical hours
- Examples of written, oral, or digital presentations
- Job applications
- Resumes
- Mock or actual job interviews

Standards Alignment Notes

*References to other standards include:

- P21: Partnership for 21st Century Skills [Framework for 21st Century Learning](#)
 - Note: While not all standards are specifically aligned, teachers will find the framework helpful for setting expectations for student behavior in their classroom and practicing specific career readiness skills.
- Nurse Aide Training Program requirements for Tennessee
 - These are the [minimum requirements](#) that all programs must include in order for students to be eligible to take the competency evaluation to become a Certified Nursing Assistant.

Additional Notes

**Artifacts can include, but are not limited to, brochures, posters, fact sheets, narratives, essays, and presentations. Graphic illustrations can include, but are not limited to, charts, rubrics, drawings, and models.



Work-Based Learning: Clinical Internship & Nursing Education

Health Science Placements

Districts that are interested in operating a health science work-based learning (WBL) program through either the [Clinical Internship](#) or [Nursing Education](#) courses must comply with the [WBL Framework](#) guidelines established in the state board's [High School Policy 2.103](#). The standards for both courses are designed to be more specific to healthcare than the overall standards for the [WBL: Career Practicum](#) course. However, educators teaching both [Clinical Internship](#) and [Nursing Education](#) must have a current WBL certificate issued by the Tennessee Department of Education (the "department") and are responsible for following the rules and regulations governing WBL experiences.

The department provides a [Personalized Learning Plan](#) template to ensure compliance with the [WBL Framework](#), state and federal Child Labor Law, and department policies, which must be used for students participating in both [Clinical Internship](#) and [Nursing Education](#). Teachers of these courses are responsible for following policies outlined in the [WBL Policy Guide](#) and staying up-to-date with annual changes to these policies, which will continue to be posted to the department's website: http://tn.gov/education/cte/work_based_learning.shtml.

Required Documentation

In addition to the required WBL documentation outlined in the [WBL Policy Guide](#), the following documentation must also accompany any clinical internship student's paperwork. There may be additional requirements from a given clinical site (such as orientation documentation), which would be in addition to the requirements below, if deemed necessary for a given placement.

- Exposure Control Plan
 - There is not an official form for exposure control plans; however, a tool for covering exposures students may encounter can be found online at www.osha.gov.
 - [OSHA Sample Exposure Control Plan](#)
 - [OSHA Blood-Borne Pathogens Exposure Control Plan](#)
- Current Student Immunization Record
 - Up-to-date record of all immunizations
 - Hepatitis B (HBV) is required prior for placement for students expected to have patient contact.
 - Current Tuberculosis (TB) skin test results
- Documentation of Current Student Physical (conducted within the past year)
- Documentation of Student Insurance
 - Health insurance
 - Malpractice insurance: Students may be given an opportunity for individual or blanket malpractice insurance through the school district.
 - If they drive a car, they must have car insurance.
 - NOTE: WBL students are not eligible for unemployment insurance.

All required documentation must be kept on record, secured for confidentiality, either in physical form or digitally for seven (7) years.

Required Student Training

Safety trainings provided in the classroom, as well as any provided onsite, must be documented in the student's required [Safety Training Log](#), which is included in the [Personalized Learning Plan](#), per WBL policies. The below trainings must be completed, and documented, before entering a healthcare facility for placement.

- Universal Precautions and OSHA standards (at 100 percent accuracy)
- Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Certification
- Basic competency in the following:
 - Basic First Aid
 - Body Mechanics
 - Standard Precaution Guidelines
 - Confidentiality

Governing Regulations

Educators with students in healthcare WBL placements through *Clinical Internship* and *Nursing Education* must be familiar with the following governing rules, regulations, laws, and policies:

- [Tennessee State Board of Education's WBL Framework](#)
- [Tennessee Child Labor Laws](#)
- [Tennessee Standards for Hospitals](#)
- [Bureau of Health Licensure and Regulation Board for Licensing Health Care Facilities Division of Health Care Facilities](#)
- All State and Federal regulations for healthcare facilities and training programs including:
 - *Clinical Internship*:
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Elder Justice Act](#)
 - [Occupational Safety and Health Administration \(OSHA\) regulations for healthcare facilities](#)
 - *Nursing Education*
 - [Omnibus Budget Reconciliation Act \(OBRA\) of 1987](#)
 - [Federal Nurse Aide Training and Competency Regulations](#)
 - [TN Department of Health Nurse Aide Training and Competency Evaluation Standards](#)
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Patient Protection and Affordable Care Act \(PPACA\)](#) Subtitle H is titled Elder Justice Act, and the provisions found in U.S. Code § 6701-6703
 - [Elder Justice Act](#)
 - [Reporting Reasonable Suspicion of A Crime in a LTC Facility](#): Section 1150B of the Social Security Act
 - [Occupational Safety and Health Administration \(OSHA\) regulations for Long Term Care: Nursing Home e-Tool](#)

	Clinical Internship	Nursing Education
Teacher Licensure and Endorsement	577, 720	577 Must be a Registered Nurse with a minimum of 2 years of nursing experiences, at least 1 year of which must be in a long term care (LTC) facility.*
Required Training	<ul style="list-style-type: none"> • Current WBL Certificate • Prior to teaching first time, must attend Clinical Internship training provided by the department 	<ul style="list-style-type: none"> • Current WBL Certificate • Prior to teaching first time, must attend Nursing Education training provided by the department
Recommended Training & Resources	N/A	<ul style="list-style-type: none"> • Certified Nursing Assistant (CNA) Instructor Workshop provided by D&S Diversified Technologies LLP • CNA Handbook published by D&S Diversified Technologies LLP contains useful resources, equipment lists and skills lists
Student Teacher Ratio	15 to 1	15 to 1
Age Restrictions	Students must be 16 years of age	Students must be 16 years of age
Placements	Rotation thru various departments at a hospital or standalone clinical site to observe employees providing direct patient care	Long Term Care (LTC) clinical rotation at a Nursing Home or Hospital LTC unit
Credits	1 to 4	1
Programmatic Requirements	Same as outlined in the WBL Policy Guide .	In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff. For a full list of program requirements, see Federal Law §483.152 Requirements for approval of a nurse aide training and competency evaluation program and State of Tennessee 1200-08-06-.15 Nurse Aide Training and Competency Evaluation . To become a training site, you will also need to complete the Test Site Agreement on D&S Diversified Technologies LLP website .
Required Hours	Same as outlined in the WBL Policy Guide .	<ul style="list-style-type: none"> • Federal classroom hour requirement prior to patient contact: 16 • Total Federal program hour requirement: 75 • TDOE Classroom hour requirement: <ul style="list-style-type: none"> ○ 40 clock hours of classroom instruction ○ 20 hours of classroom practical training in a laboratory • TDOE Clinical hour requirement: <ul style="list-style-type: none"> ○ 40 clinical hours, 24 of which must be in a long-term care facility

Nursing Education * Curriculum Map/Pacing Guide Semester _____ Year _____

Day/hours	Classroom Topic	Skill Practice	Federal Regulation Code	TN State Standard
1/3 hours Professional Qualities EXAM	CH. 1&2: The Health Care Setting/Nursing Assistant and The Care Team	*Legal Documentatio n and use of the policy and procedure manual *Assessment Skills	7i	2.2,3.2
2/3 hours Abuse EXAM	CH 3: Legal and Ethical Patient Rights/Abuse Registry/Adapti ng Communication to Individual needs	*Restraints	1iv-1v, 7i-7vii	1.4,1.5,3.6,5.4
3/3 hours HIPAA Exam	CH. 4: Communication and Cultural Diversity	*Proper Communicati on *Charting		
4/3 hours	Communication and Interpersonal Skills and the role of the Health Care Team	Grooming: Skill 4 Backrub Skill 12 Hair Care Skill 18 Nail Care	1i, 3ii	1.1,3.1,3.3
5-6/6 hours	CH 5: Preventing Infection	Skill 1 Hand washing Skill 13	1ii	1.2

OSHA EXAM		Isolation Gown and Gloves		
7-8/6 hours	CH. 6: Safety, Body Mechanics CH. 10: Positioning, Transfers, and Ambulation	Skill 24 Stand, Pivot, Transfer Skill 2 Ambulation with a Gait Belt Skill 3 Ambulation with a walker Skill 21 Position on Side	1iii, 3viii 6i-6ii 6iii	1.3,5.1,5.2
Safety EXAM				
9-10/3 hours	CH 8: Human Needs/Dev'lp CH 9: The Healthy Human Body <i>Recognizing abnormal changes and reporting</i>	Skill 19 Partial Bed Bath Skill 20 Perineal Care	2iv,3i	4.1
11-12/6 hours	CH.7 Emergency Care	*CPR / First Aid		
Day 13/3hours	EXAM 1 ch 1-10			
14-15/6 hours	CH. 11: Admitting Transferring, and Discharging CH. 12: The Resident's Unit	Skill 27 Weighing an ambulatory patient	2ii-2iii	3.5

	Assessment Skills and Caring for the Residents Environment	Skill 14 Occupied Bed making Skill 15 Unoccupied Bed		
16/3 hours	CH.13: Personal Care Skills	Skill 8 Denture Care Skill 9 Dressing Skill 16 Mouth Care Skill 17 Mouth Care- Comatose	3ii 4i-4v	2.4 4.2
17-18/6 hours	CH. 14: Basic Nursing Skills	Skills 25 /26 Vital Signs Skill 6 Blood Pressure	2i	3.5
19/3 hours	CH.15: Nutrition and Hydration	Skill 11 Feeding a Dependent Resident	3v, 3vi	
20/3 hours	Ch. 16: Urinary Elimination	Skill 5 Bedpan and output Skill 7 Cath Care Skill 10 Emptying a Urinary Drainage Bag	3iv, 6v	2.4
21/3 hours	CH. 17 Bowel Elimination	*Enema		
Day 22/3 hours	EXAM 2 Ch: 11-17 Skill Practice			

Day 23/3hours				
24/3 hours	CH. 18 Common Chronic and Acute Conditions <i>Interventions for common disorders</i>		3vii	4.3
25/3 hours	CH. 19: Confusion, Dementia, and Alzheimer's Disease <i>Care of cognitive impaired residents</i>		5i-5v	4.2
26/3 hours	CH. 20: Mental Health and Mental Illness			
27/3 hours	CH. 21: Rehabilitation and Restorative Care	Skill 22 ROM Hip and Knee Skill 23 ROM Shoulder	6iii-6vi, 7iv	
Day 28/3hours	Skill Practice			
29/3 hours	CH. 22: Special Care Skills			
30/3 hours	CH. 23: Dying, Death, and Hospice	Postmortem Care	2v	5.5
31/3 hours	Skill Exam	Skill Exam	Comprehensi ve	Comprehensi ve
32/3 hours	Exam 3 Ch: 18-23			

Days 33-46/ 42 hours	Clinical Rotation	Comprehensiv e		
Day 47	End of Course Exam	March 15	Comprehensi ve	Comprehensi ve

Classroom hours: 93 hours

Clinical hours: 42 hours

Total hours: 135 hours



_____ High School
**Nursing Education
 Student File Checklist**

STUDENT NAME: _____ **SEMESTER:** _____

- ___ 1. Copy of up-to-date immunization record.
- ___ 2. TB test (as requested by LTCF)
- ___ 3. Proof of Hepatitis B Series
- ___ 4. Proof of influenza vaccination (if required by facility)
- ___ 5. Copy of valid driver's license
- ___ 6. Copy of car insurance coverage
- ___ 7. Copy of health insurance coverage
- ___ 8. Current Physical form cleared by Physician (within a year not to expire during experience)
- ___ 9. Copy of current CPR card
- ___ 10 .Make sure students have a hard copy of their social security card (they will need to provide this during CNA testing)
- ___ 12. All WBL forms completed; copy on file at school, copy to CTE facilitator and LTCF.
- ___ 13. All required tests completed with 100% accuracy.

***** THIS FORM IS FOR THE USE OF THE TEACHER ONLY*****

_____ High School
Nursing Education Checklist

___ **1. Attend required Nursing Ed Training, D&S Diversified Training and Clinical Internship Training** (Summer Institute for CTE Educators, typically held in July)

___ **2. Receive WBL Training**

1. Attend initial 2 day WBL session provided by TDOE
2. WBL Certification must be maintained by attending a 1 day session every other year (certification expires 2 years from date of issue).

***See Knox County CTE website for WBL Guidebook for more information.**

___ **3. Secure Long Term Care Facility location & Program Coordinator (must have the site secured prior to scheduling the course)**

- Contracts signed by Long Term Care Facility (LTCF)
 - KCS Clinical Student Affiliation Agreement (*obtain from Knox County CTE Facilitator*)
 - Tennessee Department of Health contract (*this document will be used to obtain state approval*)
- LTCF program coordinator identified (usually Director of Nursing)
 - *note the coordinator must be a RN with at least one year LTCF work experience; if you have these qualifications you may serve as coordinator*
- Schedule meeting with facility coordinator
 - Facility must provide a minimum of 40 hours clinical experience for students.
 - Ask about facility orientation & other facility specific requirements (forms, tour, etc.)
 - Obtain program coordinator's resume and copy of nursing license (if not the teacher). *Coordinator resume and copy of nursing license must accompany the state application.*
 - Discuss facility supervision and types of experiences, provide LCTF coordinator with Skill Guideline Sheet*
 - Take copy of WBL forms for LTCF coordinator to sign (sign 1 of each then copy for student packet)

___ **4. Submit application to state (TDOH) (must be resubmitted every 2 years)**

- TN Dept of Health Teri James 615-253-6085 teri.james@tn.gov
- Process:
 - See Nurse Aide Training requirement from TDOH.
 - [Nurse Aide Program Training Requirements](#).
- Application must include the following:
 - ___ Name of Instructor and TN License # (this is you!)
 - ___ Name of LTCF coordinator and TN License # and resume (if not you)

- ___ Textbook information; include copyright date
- ___ Curriculum Map or course objectives
- ___ Physical Location (School Address) of Classroom
- ___ Physical Location (LTCF Address) of Clinical Site
- ___ List Classroom Ratio and Clinical Ratio (*this will always be 15:1*)
- ___ Copy of TN Dept. of Health Agreement between LTCF

___ 5. Student Selection:

Student application process: See Knox County website Clinical Internship Coordinator Handbook "*Clinical Application*"

- a. Identify students interested; applications should be completed the year prior to the class.
- b. Must be at least 16 years old.
- c. Complete student application
- d. Maximum 15 students per class
- e. Students with minimal discipline issues i.e ISS/OSS (at discretion of teacher and administration on case by case basis)
- f. Attendance 90% minimum
- g. Prerequisites met : Health Science, Medical Therapeutics, and A&P

Clinical Paperwork to be completed by parent to include:

- a. WBL Paperwork
- b. Required Clinical Paperwork
- c. In addition, the following items must be attached to student file:

- Copy of Driver's license
- Copy of Car insurance
- Copy of Health insurance
- Completed Physical Exam (*must be on Knox county form*)
- Flu Vaccine if required by facility
- Copy of BLS Certification
- 100% on the following tests kept on file for 7 years: (See Knox County CTE website *Clinical Internship Handbook*)
 - OSHA
 - Safety, Body Mechanics and Fire Safety
 - HIPAA and Confidentiality
 - Personal and Professional Qualities of the HCW
 - Abuse

***Helpful tip:** Provide paperwork to students and parent prior to the start of the semester so they can begin working on it early. Set a firm deadline for completion. Typically, within the first 2-4 weeks of the course.

____6. Hold parent/student meeting (do this early in the semester or the semester before course if possible)

- Topics:
 - Fees
 - Review required paperwork; attempt to get signatures at this time if possible.
 - Course requirements and required documents
 - Dress code: *Scrubs, closed-toed shoes, name tag (teacher provides), hair back/off neck, no acrylic nails, no facial piercings and no visible tattoos.*
 - Ensure parents are aware of clinical expectations and the type of experiences students will have at the nursing home, *i.e., bathing, peri-care, etc.*

____7. After getting program State approved, log in to D&S Diversified

- Open account (follow instructions received from Nursing Education training or contact D&S Diversified directly at 877-201-0758)
- Load all students into the D&S system within 48 hours of the start of class.
Helpful Tip: *provide a copy of the CNA Candidate Information Form on first day of class to collect information you will need to load students into the D&S system*
- Get copy of skills book for all students (you must request these directly from D&S to be mailed to you)

____8. Student Files:

- Make each student a permanent folder; file all clinical and WBL paperwork here (*must be kept on file for 7 years*)
- Make a skills/clinical Nursing Assistant Student file to keep track of hours. (D&S Diversified Training Center Log in)

____9. Preparing students for CNA testing

*Contact CTE Facilitator to set up payment at least one month before test date.

* Students will complete a scholarship application to have the exam paid by the Knox County CTE Department (see Knox County CTE website *Industry Certification Teacher Guide* for application)

*Contact D&S Diversified for a list of Testing Observers, schedule test date with them Testing Observer, then notify D&S Diversified of the date.

*Teacher must log in to D&S Diversified www.hdmaster.com to enter student completed hours and verify that students qualify to test.

*Collaborate with CTE Facilitator to register students for testing (registration will depend on whether your school is a flexible testing site or not and to request payment for test).

*To become a Flexible Testing site (*which is ideal and will be easier for you and your students*) complete forms found on D&S Diversified under the TEST SITE FORMS tab (this needs to be done at the beginning of the course).

*If students do not take advantage of the CTE scholarship you can print TN Scheduling Directions for them from the D&S site.

___ **11. Make WBL portfolio for students**-see *Knox County CTE website, Clinical Internship Handbook - "Clinical Internship Portfolio"*.

___ **12. Inventory Supplies for Skills**-see *hdmaster.com Tennessee Test Site Equipment list*.

___ **13. Once students test, report passes to CTE facilitator.**

**students qualify to wear a purple industry certification cord at graduation if they pass the exam. Each school supplies graduation cords.*

Code of Federal
Regulations
Nurse Aide Training Program

**Code of Federal Regulations
Title 42, Volume 3, Part 483
Revised as of October 1, 1999
From the U.S. Government Printing Office via GPO Access**

PART 483--REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES (NURSE AIDE TRAINING PROGRAMS)

Sec.

483.75 Administration.

Subpart D--Requirements That Must Be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation

- 483.150 Statutory basis; Deemed meeting or waiver of requirements.
483.151 State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.
483.152 Requirements for approval of a nurse aide training and competency evaluation program.
483.154 Nurse aide competency evaluations.
483.156 Registry of nurse aides
483.158 FFP for nurse aide training and competency evaluation.

Sec. 483.75 Administration.

- (e) Required training of nursing aides.
- (1) Definitions.
- (i) Licensed health professional means a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; or licensed or certified social worker.
- (ii) Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay.
- (2) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless:
- (i) That individual is competent to provide nursing and nursing related services; and

Code of Federal
Regulations
Nurse Aide Training Program

- (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of Sec. 483.151-483.154 of this part; or
 - (B) That individual has been deemed or determined competent as provided in Sec. 483.150(a) and (b).
- (3) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.
- (4) Competency. A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual--
 - (i) Is a full-time employee in a State-approved training and competency evaluation program;
 - (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
 - (iii) Has been deemed or determined competent as provided in Sec. 483.150(a) and (b).
- (5) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless—
 - (i) The individual is a full time employee in a training and competency evaluation program approved by the State; or
 - (ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.
- (6) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual.

Code of Federal
Regulations

Nurse Aide Training Program

- (7) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.
- (8) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must--
 - (i) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;
 - (ii) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and
 - (iii) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.
- (f) Proficiency of Nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Subpart D--Requirements That Must be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation

Source: 56 FR 48919, September 26, 1991, unless otherwise noted.

Sec. 483.150 Statutory basis; Deemed meeting or waiver of requirements.

- (a) Statutory basis. This subpart is based on sections 1819(b)(5) and 1919(b)(5) of the Act, which establish standards for training nurse-aides and for evaluating their competency.
- (b) Deemed meeting of requirements. A nurse aide is deemed to satisfy the requirement of completing a training and competency evaluation approved by the State if he or she successfully completed a training and competency evaluation program before July 1, 1989 if--
 - (1) The aide would have satisfied this requirement if--

Code of Federal
Regulations
Nurse Aide Training Program

- (i) At least 60 hours were substituted for 75 hours in sections 1819(f)(2) and 1919(f)(2) of the Act, and
 - (ii) The individual has made up at least the difference in the number of hours in the program he or she completed and 75 hours in supervised practical nurse aide training or in regular in-service nurse aide education; or
- (2) The individual was found to be competent (whether or not by the State) after the completion of nurse aide training of at least 100 hours duration.
- (c) Waiver of requirements. A State may--
- (1) Waive the requirement for an individual to complete a competency evaluation program approved by the State for any individual who can demonstrate to the satisfaction of the State that he or she has served as a nurse aide at one or more facilities of the same employer in the state for at least 24 consecutive months before December 19, 1989; or
 - (2) Deem an individual to have completed a nurse aide training and competency evaluation program approved by the State if the individual completed, before July 1, 1989, such a program that the State determines would have met the requirements for approval at the time it was offered.

[56 FR 48919, September 26, 1991; 56 FR 59331, November 25, 1991, as amended at 60 FR 50443, September 29, 1995]

Sec. 483.151 State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.

- (a) State review and administration.
 - (1) The State--
 - (i) Must specify any nurse aide training and competency evaluation programs that the State approves as meeting the requirements of Sec. 483.152 and/or competency evaluations programs that the State approves as meeting the requirements of Sec. 483.154; and
 - (iii) May choose to offer a nurse aide training and competency evaluation program that meets the requirements of Sec. 483.152 and/or a competency evaluation program that meets the requirements of Sec. 483.154.

Code of Federal
Regulations

Nurse Aide Training Program

- (2) If the State does not choose to offer a nurse aide training and competency evaluation program or competency evaluation program, the State must review and approve or disapprove nurse aide training and competency evaluation programs and nurse aide competency evaluation programs upon request.
- (3) The State survey agency must in the course of all surveys, determine whether the nurse aide training and competency evaluation requirements of Sec. 483.75(e) are met.
- (b) Requirements for approval of programs. (1) Before the State approves a nurse aide training and competency evaluation program or competency evaluation program, the State must--
 - (i) Determine whether the nurse aide training and competency evaluation program meets the course requirements of Secs. 483.152:
 - (ii) Determine whether the nurse aide competency evaluation program meets the requirements of Sec. 483.154; and
 - (iii) In all reviews other than the initial review, visit the entity providing the program.
- (2) The State may not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility which, in the previous two years--
 - (i) In the case of a skilled nursing facility, has operated under a waiver under section 1819(b)(4)(C)(ii)(II) of the Act;
 - (ii) In the case of a nursing facility, has operated under a waiver under section 1919(b)(4)(C)(ii) of the Act that was granted on the basis of a demonstration that the facility is unable to provide nursing care required under section 1919(b)(4)(C)(i) of the Act for a period in excess of 48 hours per week;
 - (iii) Has been subject to an extended (or partial extended) survey under sections 1819(g)(2)(B)(i) or 1919(g)(2)(B)(i) of the Act;
 - (iv) Has been assessed a civil money penalty described in section 1819(h)(2)(B)(ii) of 1919(h)(2)(A)(ii) of the Act of not less than \$5,000; or

Code of Federal
Regulations
Nurse Aide Training Program

- (v) Has been subject to a remedy described in sections 1819(h)(2)(B)(i) or (iii), 1819(h)(4), 1919(h)(1)(B)(i), or 1919(h)(2)(A)(i), (iii) or (iv) of the Act.
- (3) A State may not, until two years since the assessment of the penalty (or penalties) has elapsed, approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility that, within the two-year period beginning October 1, 1988--
- (i) Had its participation terminated under title XVIII of the Act or under the State plan under title XIX of the Act;
 - (ii) Was subject to a denial of payment under title XVIII or title XIX;
 - (iii) Was assessed a civil money penalty of not less than \$5,000 for deficiencies in nursing facility standards;
 - (iv) Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
 - (v) Pursuant to State action, was closed or had its residents transferred.
- (c) Time frame for acting on a request for approval. The State must, within 90 days of the date of a request under paragraph (a)(3) of this section or receipt of additional information from the requester--
- (1) Advise the requestor whether or not the program has been approved; or
 - (2) Request additional information from the requesting entity.
- (d) Duration of approval. The State may not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years. A program must notify the State and the State must review that program when there are substantive changes made to that program within the 2-year period.
- (e) Withdrawal of approval.
- (1) The State must withdraw approval of a nurse aide training and competency evaluation program or nurse aide competency evaluation program offered by or in a facility described in paragraph (b)(2) of this section.

Code of Federal
Regulations
Nurse Aide Training Program

- (2) The State may withdraw approval of a nurse aide training and competency evaluation program or nurse aide competency evaluation program if the State determines that any of the applicable requirements of Secs. 483.152 or 483.154 are not met by the program.
- (3) The State must withdraw approval of a nurse aide training and competency evaluation program or a nurse aide competency evaluation program if the entity providing the program refuses to permit unannounced visits by the State.
- (4) If a State withdraws approval of a nurse aide training and competency evaluation program or competency evaluation program--
 - (i) The State must notify the program in writing, indicating the reason(s) for withdrawal of approval of the program.
 - (ii) Students who have started a training and competency evaluation program from which approval has been withdrawn must be allowed to complete the course.

Sec. 483.152 Requirements for approval of a nurse aide training and competency evaluation program.

- (a) For a nurse aide training and competency evaluation program to be approved by the State, it must, at a minimum--
 - (1) Consist of no less than 75 clock hours of training;
 - (2) Include at least the subjects specified in paragraph (b) of this section;
 - (3) Include at least 16 hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrate knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse;
 - (4) Ensure that--
 - (i) Students do not perform any services for which they have not trained and been found proficient by the instructor; and
 - (ii) Students who are providing services to residents are under the general supervision of a licensed nurse or a registered nurse;

Code of Federal
Regulations
Nurse Aide Training Program

- (5) Meet the following requirements for instructors who train nurse aides;
 - (i) The training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services;
 - (ii) Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides;
 - (iii) In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training; and
 - (iv) Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields;
- (6) Contain competency evaluation procedures specified in Sec. 483.154.
- (b) The curriculum of the nurse aide training program must include—
 - (1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:
 - (i) Communication and interpersonal skills;
 - (ii) Infection control;
 - (iii) Safety/emergency procedures, including the Heimlich maneuver;
 - (iv) Promoting residents' rights, independence; and
 - (v) Respecting residents' rights.
 - (2) Basic nursing skills;
 - (i) Taking and recording vital signs;

Code of Federal
Regulations
Nurse Aide Training Program

- (ii) Measuring and recording height and weight;
 - (iii) Caring for the residents' environment;
 - (iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and
 - (v) Caring for residents when death is imminent.
- (3) Personal care skills, including, but not limited to—
- (i) Bathing;
 - (ii) Grooming, including mouth care;
 - (iii) Dressing;
 - (iv) Toileting;
 - (v) Assisting with eating and hydration;
 - (vi) Proper feeding techniques;
 - (vii) Skin care; and
 - (viii) Transfers, positioning, and turning.
- (4) Mental health and social service needs:
- (i) Modifying aide's behavior in response to residents' behavior;
 - (ii) Awareness of developmental tasks associated with the aging process;
 - (iii) How to respond to resident behavior;
 - (iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and
 - (v) Using the resident's family as a source of emotional support.
- (5) Care of cognitively impaired residents:

Code of Federal
Regulations
Nurse Aide Training Program

- (i) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
 - (ii) Communicating with cognitively impaired residents;
 - (iii) Understanding the behavior of cognitively impaired residents;
 - (iv) Appropriate responses to the behavior of cognitively impaired residents; and
 - (v) Methods of reducing the effects of cognitive impairments.
- (6) Basic restorative services;
- (i) Training the resident in self care according to the resident's abilities;
 - (ii) Use of assistive devices in transferring, ambulation, eating, and dressing;
 - (iii) Maintenance of range of motion;
 - (iv) Proper turning and positioning in bed and chair;
 - (v) Bowel and bladder training; and
 - (vi) Care and use of prosthetic and orthotic devices.
- (7) Resident's Rights.
- (i) Providing privacy and maintenance of confidentiality;
 - (ii) Promoting the residents' right to make personal choices to accommodate their needs;
 - (iii) Giving assistance in resolving grievances and disputes;
 - (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities;
 - (v) Maintaining care and security of residents' personal possessions;
 - (vi) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff;

Code of Federal
Regulations
Nurse Aide Training Program

- (vii) Avoiding the need for restraints in accordance with current professional standards.
- (c) Prohibition of charges.
- (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).
 - (2) If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

Sec. 483.154 Nurse aide competency evaluation.

- (a) Notification to Individual. The State must advise in advance any individual who takes the competency evaluation that a record of the successful completion of the evaluation will be included in the State's nurse aid registry.
- (b) Content of the competency evaluation program—
 - (1) Written or oral examinations. The competency evaluation must—
 - (i) Allow an aide to choose between a written and an oral examination;
 - (ii) Address each course requirement specified in Sec. 483.152(b);
 - (iii) Be developed from a pool of test questions, only a portion of which is used in any one examination;
 - (iv) Use a system that prevents disclosure of both the pool of questions and the individual competency evaluations; and
 - (v) If oral, must be read from a prepared text in a neutral manner.
 - (2) Demonstration of skills. The skills demonstration must consist of a demonstration of randomly selected items drawn from a pool consisting of

Code of Federal
Regulations
Nurse Aide Training Program

the tasks generally performed by nurse aides. This pool of skills must include all of the personal care skills listed in Sec. 483.152(b)(3).

- (c) Administration of the competency evaluation.
- (1) The competency examination must be administered and evaluated only by—
 - (i) The State directly; or
 - (ii) A State approved entity which is neither a skilled nursing facility that participates in Medicare nor a nursing facility that participates in Medicaid.
 - (2) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide competency evaluation program may be charged for any portion of the program.
 - (3) If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.
 - (4) The skills demonstration part of the evaluation must be—
 - (i) Performed in a facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and
 - (ii) Administered and evaluated by a registered nurse with at least one year's experience in providing care for the elderly or the chronically ill of any age.
- (d) Facility proctoring of the competency evaluation.
- (1) The competency evaluation may, at the nurse aide's option, be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in Sec. 483.151(b)(2).
 - (2) The State may permit the competency evaluation to be proctored by facility personnel if the State finds that the procedure adopted by the facility assures that the competency evaluation program—

Code of Federal
Regulations
Nurse Aide Training Program

- (i) Is secure from tampering;
 - (ii) Is standardized and scored by a testing, educational, or other organization approved by the State; and
 - (iii) Requires no scoring by facility personnel.
- (3) The State must retract the right to proctor nurse aide competency evaluations from facilities in which the State finds any evidence of impropriety, including evidence of tampering by facility staff.
- (e) Successful completion of the competency evaluation program.
- (1) The State must establish a standard for satisfactory completion of the competency evaluation. To complete the competency evaluation successfully an individual must pass both the written or oral examination and the skills demonstration.
 - (2) A record of successful completion of the competency evaluation must be included in the nurse aide registry provided in Sec. 483.156 within 30 days of the date if the individual is found to be competent.
- (f) Unsuccessful completion of the competency evaluation program.
- (1) If the individual does not complete the evaluation satisfactorily, the individual must be advised—
 - (i) Of the areas which he or she; did not pass; and
 - (ii) That he or she has at least three opportunities, to take the evaluation.
 - (2) The State may impose a maximum upon the number of times an individual upon the number of times an individual may attempt to complete the competency evaluation successfully, but the maximum may be no less than three.

Sec. 483.156 Registry of nurse aides.

- (a) Establishment of registry. The State must establish and maintain a registry of nurse aides that meets the requirement of this section. The registry—
- (1) Must include as a minimum the information contained in paragraph (c) of this section;
 - (2) Must be sufficiently accessible to meet the needs of the public and health care providers promptly;

Code of Federal
Regulations

Nurse Aide Training Program

- (3) May include home health aides who have successfully completed a home health aide competency evaluation program approved by the State if home health aides are differentiated from nurse aides; and
 - (4) Must provide that any response to an inquiry that includes a finding of abuse, neglect, or misappropriation of property also include any statement disputing the finding made by the nurse aide, as provided under paragraph (c)(1)(ix) of this section.
- (b) Registry operation.
- (1) The State may contract the daily operation and maintenance of the registry to a non-State entity. However, the State must maintain accountability for overall operation of the registry and compliance with these regulations.
 - (2) Only the State survey and certification agency may place on the registry findings of abuse, neglect, or misappropriation of property.
 - (3) The State must determine which individuals who
 - (i) have successfully completed a nurse aide training and competency evaluation program or nurse aide competency evaluation program;
 - (ii) have been deemed as meeting these requirements; or
 - (iii) have had these requirements waived by the State do not qualify to remain on the registry because they have performed no nursing or nursing-related services for a period of 24 consecutive months.
 - (4) The State may not impose any charges related to registration on individuals listed in the registry.
 - (5) The State must provide information on the registry promptly.
- (c) Registry Content.
- (1) The registry must contain at least the following information on each individual who has successfully completed a nurse aide training and competency evaluation program which meets the requirements of Sec. 483.152 or a competency evaluation which meets the requirements of Sec. 483.154 and has been found by the State to be competent to function as a nurse aide or who may function as a nurse aide because of meeting criteria in Sec. 483.150:
 - (i) The individual's full name.

Code of Federal
Regulations
Nurse Aide Training Program

- (ii) Information necessary to identify each individual;
- (iii) The date the individual became eligible for placement in the registry through successfully completing a nurse aide training and competency evaluation program or competency evaluation program or by meeting the requirements of Sec. 483.150; and
- (iv) The following information on any findings by the State survey agency of abuse, neglect, or misappropriation of property by the individual:
 - (A) Documentation of the State's investigation, including the nature of the allegation and the evidence that led the State to conclude that the allegation was valid;
 - (B) The date of the hearing, if the individual chose to have one, and its outcome; and
 - (C) A statement by the individual disputing the allegation, if he or she chooses to make one; and
 - (D) This information must be included in the registry within 10 working days of the finding and must remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or the State is notified of the individual's death.
- (2) The registry must remove entries for individuals who have performed no nursing or nursing-related services for a period of 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect, or misappropriation of property.
- (d) Disclosure of information. The State must—
 - (1) Disclose all of the information in Sec. 483.156(c)(1)(iii) and (iv) to all requesters and may disclose additional information it deems necessary; and
 - (2) Promptly provide individuals with all information contained in the registry on them when adverse findings are placed on the registry and upon request. Individuals on the registry must have been sufficient opportunity to correct any misstatements or inaccuracies contained in the registry.

[56 FR 48919, September 26, 1991; 56 FR 59331, November 25, 1991]

Sec. 483.158 FFP for nurse aide training and competency evaluation.

Code of Federal
Regulations

Nurse Aide Training Program

- (a) State expenditures for nurse aide training and competency evaluation programs and competency evaluation programs are administrative costs. They are matched as indicated in Sec. 433.15(b)(8) of this chapter.

- (b) FFP is available for State expenditures associated with nurse aide training and competency evaluation programs and competency evaluation programs only for—
 - (1) Nurse aides employed by a facility;
 - (2) Nurse aides who have an offer of employment from a facility;
 - (3) Nurse aides who become employed by a facility not later than 12 months after completing a nurse aide training and competency evaluation program or competency evaluation program; or
 - (4) Nurse aides who receive an offer of employment from a facility not later than 12 months after completing a nurse aide training and competency evaluation program or competency evaluation program.

Code of Federal
Regulations

Nurse Aide Training Program

Sec. 483.160 Requirements for training of paid feeding assistants.

- (a) Minimum training course contents. A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following:
 - (1) Feeding techniques.
 - (2) Assistance with feeding and hydration.
 - (3) Communication and interpersonal skills.
 - (4) Appropriate responses to resident behavior.
 - (5) Safety and emergency procedures, including the Heimlich maneuver.
 - (6) Infection Control.
 - (7) Residents rights.
 - (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

- (b) Maintenance of records. A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.

[68 FR 55539, Sept. 26, 2003]

Effective Date Note: At 68 FR 55539, Sept. 26, 2003, Sec. 483.160 was added, effective October 27, 2003.

JJ/G6010040/NA-rules



**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH CARE FACILITIES
665 Mainstream Drive
Second Floor
Nashville, TN 37243
Telephone (615) 532-5171
Fax (615) 248-3601**

AGREEMENT BETWEEN LONG-TERM CARE FACILITY AND PRIVATE ENTITY PROGRAM

Name of Approved Program _____

Name of Program Coordinator _____

Physical Address and Phone Number of Program: _____

Guidelines:

-A long term health care facility which is approved by the Nurse Aide Training Program must be utilized as the clinical site for teaching the Nurse Aide program. Hospitals can only be utilized when they have a long term care unit.

-The private entity applicant will be responsible for securing signed agreements with the long term health care facility and providing copies to the Nurse Aide Training Program.

-Students must meet all requirements of the health care facility, i.e. health screenings.

-The agreement must be submitted with the application package.

The students from _____ (Program)

Will complete the Nurse Aide Clinical hours at _____

_____ (Long Term Care Facility.)

SIGNED:

Print Name

Nursing Home Administrator

Nurse Aide Training Program Coordinator

(Date)

High School Principal Signature (if applicable)



CNA Candidate Information

Social Security # _____

First, Middle, Last Name _____
(this information MUST match exactly the name on your Social Security Card)

Maiden/Former Names _____

Complete Address _____

Home/Work phone numbers _____

Email Address _____

Date of Birth _____

Eye Color _____

Height _____

Gender _____

Training program start date _____

Nursing Education/Clinical Internship Teacher Recommendation

Student Name _____

In Nursing Education/Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing _____ School. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success and a teacher recommendation. The above student is applying for this opportunity. This recommendation is part of the application process. Please check the appropriate space and return to (teacher's name) mailbox by _____ (date). Please do not allow students to deliver.

Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal characteristics: relates well with students, instructors, and others, shows respect and is cooperative.

5 4 3 2 1

Comments _____

Dependability: demonstrates regular attendance, punctuality, adherence to schedules and deadlines.

5 4 3 2 1

Comments _____

Work attitude: demonstrates willingness to learn, willingness to accept and profit from evaluation, enthusiastic, takes pride in work.

5 4 3 2 1

Comments _____

Communication: demonstrates listening, speaking and non-verbal skills, communicates effectively with teachers, students and others.

5 4 3 2 1 Comments _____

Personal Hygiene and Grooming: attends to personal health and cleanliness, dresses and maintains self appropriately.

5 4 3 2 1 Comments _____

Teacher's Signature/Date _____

Recommendations will be from 3 current teachers (2 academic, 1 elective).



Clinical Internship/Nursing Education

Work-Based Learning Student Driving Permission Guidelines and Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites and other activities.

Student Name	Worksite
--------------	----------

It is to be understood by all parties:

That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly back to the school or to his/her residence. The student will not transport any other student(s) while involved in any work-based learning activities.

It is further understood by all parties:

That driving is a privilege, and the student guidelines / responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel **before** the work-based learning activity takes place.

1. The student will drive to and from work-based learning activities alone.
2. The student will drive at legal speeds and in a safe and normal manner.
3. The student will leave the school or home with reasonable time to get to the scheduled work-based learning activity site.
4. The student will not take any alcohol or other mind-altering substances to, during, or from the work-based learning activity.
5. The student must be a licensed driver.
6. It is the responsibility of the student and her/his family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle:

Initial on the following line to verify compliance.

_____ Copies of the student's driver's license, automobile insurance card, and registration of the vehicle he/she will be driving have been provided to the appropriate school personnel for the student file.

_____ **Infractions of these rules will result in the loss of driving privileges and possible loss of the work-based learning activity.**

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that Work-based Learning and Clinical Internship/Nursing Education may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Knox County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply

with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child's operation of their motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ___day of_____, 20___. This consent and release has been read and is understood by me.

Student's signature

Date

Parent/Guardian's signature (if student less than 18 years of age)

Date

School Principal Approval

Date

Teacher Approval

Date

Nursing Education/Clinical Internship Essay: In addition to completing the basic clinical internship application, students are required to compose an essay and submit it to their instructor. Failure to turn in the completed essay in a timely manner will result in the student being eliminated from the application process.

(print essay instructions and give to students)

Nursing Education/Clinical Internship Essay Requirements

(School Name)
 Nursing Education/Clinical Internship
 (Year)
 (Instructor Name)
 (Room #)

Who: Potential Nursing Education/Clinical Internship Students

What: Clinical Paper – Two typed pages, MLA format, 12 point Times New Roman font (will not accept written paper)

When: (insert date _____) *late papers will not be accepted

Why: Completed application on file reflecting an interest in the program for (semester/year _____)

Each student is required to write a two page paper as part of their Nursing Education/Clinical Internship application. Your paper should be in MLA format. In no other part of the paper should your name appear. The following information should be addressed in the paper:

- Why do you desire to take the Nursing Education class?
- Do you think this class would benefit you? How?
- What medical careers are you considering? Why?
- What Colleges/Universities are you considering? Why?
- Do you have family members who work in a career related to medicine? Family friend? (remember, no names)
- Is there anyone in the field of medicine whom you admire? Why?

Application for Nursing Assistant Program

1. **Program Name:** _____

2. **School Address:** _____

2. **Program Coordinator:** _____

Title: _____

TN License # _____

3. **Instructor Name:** _____

TN License # _____

4. **Course Objectives, Methodology, and Evaluation:** Please see TN State Standards for Nursing Education, attached

5. **Course Content Outline:** Please see Curriculum Map, attached

6. **Breakdown of Hours/Classroom/Supervised Clinical,** included on Curriculum Map, attached

7. **CNA Textbook:** _____

8. **Clinical Facility:** _____

Address: _____

9. **Classroom/Clinical Ratio:**

Classroom: **15:1**

Clinical: At least 15:1, teacher will be on site at all times.

***Students will shadow CNA's at facility; ratio will depend on daily staffing.**

*Complete and email with all required attachments to Teri James: Teri.James@tn.gov

KNOX COUNTY SCHOOLS

CAREER AND TECHNICAL EDUCATION

PAGE 1 OF 4

**STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
HEALTH SCIENCE EDUCATION**

Students who choose to participate in any part of the clinical rotation, will do the rotation at their own risk. The Department of Education, Division of Career and Technical Education, Knox County Schools,

School

Teacher/Instructor

will not be responsible for the rotation and the possible risks. When participating in a clinical rotation, students will be responsible for following the Universal Standard Precautions as mandated by the Centers for Disease Control and Prevention.

I have read and I fully understand my responsibilities in a clinical rotation. If I elect to participate in a clinical rotation, I will follow the guidelines as stated above.

Student Signature

Date

Parent/Guardian Signature

Date

This form is to be signed by every student in Clinical Internship/Nursing Education and placed in his/her Cumulative Record.

**STATE OF TENNESSEE
DEPARTMENT OF EDUCATION – HEALTH SCIENCE EDUCATION
NASHVILLE, TN 37219**

TO BE COMPLETED BY THE APPLICANT:

1. Name: _____
Last First Middle
2. Date of Birth: _____
Month Day Year

TO BE COMPLETED BY ONE OF THE FOLLOWING: (please check one):

- ___ PHYSICIAN
___ PHYSICIAN ASSISTANT
___ NURSE PRACTITIONER

1. TB skin test: **Date Read:** _____ **Results:** _____
2. Hepatitis B Vaccine: 1. _____ (Date)
2. _____ (Date)
3. _____ (Date)
3. Does applicant have a history of:
- a. Drug abuse? _____No _____Yes
b. Mental and/or emotional illness? _____No _____Yes
c. Alcohol abuse? _____No _____Yes

Practitioner's Signature (Physician, Physician Assistant, or Nurse Practitioner)

Practitioner's Name (printed)

Office Address and Phone Number

Date

**KNOX COUNTY SCHOOLS
CAREER AND TECHNICAL EDUCATION
PAGE 3 OF 4**

CONFIDENTIALITY AGREEMENT

As part of my clinical rotation, I may come into contact with patient information that must not be shared with any other person, including family members, classmates, and/or my instructor. I understand the importance of maintaining this confidentiality and agree to abide by the confidentiality rules of the agency in which I am placed for clinical internship.

By my signature below, I acknowledge that if I breach the confidentiality rules of any agency to which I am assigned, I will be removed from that agency immediately; and I will receive an “F” in the course. I understand that I may be subject to legal action which could result in my, or my parent/guardian, having to pay a fine. I may also be prohibited from attending a post-secondary school in the health care area.

_____ **Student Name** (printed)

_____ **Student Signature** **Date** _____

_____ **Parent Signature** **Date** _____

UNDERSTANDING OF CONSEQUENCES

By my signature below, I acknowledge that in the event I am terminated from my Work-Based Learning (clinical internship/co-operative education) site by the affiliating agency for participating in activities that violate school rules or the rules of that site, I will receive an “F” in all Work-Based Learning related courses. I understand that this penalty also applies in the event that I am employed independently at that site and the misbehavior occurs during non-Work-Based Learning time. I understand that Knox County Schools will not assign me to another Work-Based Learning site if I have been terminated from a Work-Based Learning site for participating in activities that violate school rules or the rules of that site. In the event of a termination that is not a result of misbehavior or violation of school or Work-Based Learning site rules, I will not receive an “F” and the Knox County Schools will make reasonable efforts to place me in another clinical site.

_____ **Student Signature** **Date** _____

By my signature below, I acknowledge that I have read and understand the *Confidentiality Agreement* and *Understanding of Consequences* paragraphs above.

_____ **Parent Signature** **Date** _____

CLINICAL EXPERIENCE CONTRACT

I give my permission for my son/daughter, _____
to participate in the scheduled clinical experiences which are a part of the Health Science Education curriculum offered
by Knox County Schools from now until he/she completes the program. **Parent/Guardian Initials** _____

I understand that the clinical internship is an optional course and that it is not necessary to take the clinical internship
course to receive credit for the introductory course, nor does the internship earn college credit toward a degree in
Health Science Education. **Parent/Guardian Initials** _____

I acknowledge and understand that I have full responsibility for the conduct of my son/daughter during these
experiences. I will not hold the clinical affiliate or Knox County Schools responsible for any accident, injury, or other
problem which might occur during or as a result of these experiences. **Parent/Guardian Initials** _____

I understand that during my son's/daughter's clinical internship he/she may be exposed to infectious material and may
be at risk of acquiring Hepatitis B virus (HBV), a serious liver disease. I have been given the information necessary
to decide whether or not to have my son/daughter vaccinated with the HBV vaccine at my expense. I understand that
my son/daughter can receive the HBV vaccine at the Knox County Public Health Department or from my private
physician. If I choose not to have my son/daughter vaccinated with the HBV vaccine, I understand that I assume all
responsibility for the cost of treatment associated with HBV exposure as a result of his/her clinical internship duties.

I agree to HBV vaccination at own expense for son/daughter.
Parent/Guardian Initials _____

I decline HBV vaccination for son/daughter.
Parent/Guardian Initials _____

I agree to provide transportation for my son/daughter to and from his/her assigned Work-Based Learning site. In
accordance with Knox County Schools policy, I understand that if my child chooses to drive to the clinical site, no
other student will be allowed in the vehicle to or from the Work-Based Learning site.
Parent/ Guardian Initials _____

Parent/Guardian Signature

Date

Application for Clinical Internship/Nursing Education/Capstone Courses

Name _____ Grade _____ Phone _____

Email _____

Check which clinical experience you are applying for:

Nursing Education _____ Clinical Internship _____ EMS _____

Other Capstone Course _____

Academic Information - GPA: _____

Please list all Health Science classes that you have completed and grade in each:

Have you ever been involved in a disciplinary action? Yes__ No__

***If yes, please explain in detail the nature of the action, teacher involved and intervention taken.**

____ Please read over the Clinical/Nursing Education Information sheet with your parent(s).

____ Please complete essay and attach to application.

____ Please complete Teacher Recommendation Sheet and attach to application.

I am applying for a position in Nursing Education/Clinical Internship/Capstone Course and I understand and the expectations and requirement of the course.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Clinical Internship/Nursing Education

Work-Based Learning Student Driving Permission Guidelines and Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites and other activities.

Student Name	Worksite
--------------	----------

It is to be understood by all parties:

That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly back to the school or to his/her residence. The student will not transport any other student(s) while involved in any work-based learning activities.

It is further understood by all parties:

That driving is a privilege, and the student guidelines / responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel **before** the work-based learning activity takes place.

1. The student will drive to and from work-based learning activities alone.
2. The student will drive at legal speeds and in a safe and normal manner.
3. The student will leave the school or home with reasonable time to get to the scheduled work-based learning activity site.
4. The student will not take any alcohol or other mind-altering substances to, during, or from the work-based learning activity.
5. The student must be a licensed driver.
6. It is the responsibility of the student and her/his family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle:

Initial on the following line to verify compliance.

_____ Copies of the student's driver's license, automobile insurance card, and registration of the vehicle he/she will be driving have been provided to the appropriate school personnel for the student file.

_____ **Infractions of these rules will result in the loss of driving privileges and possible loss of the work-based learning activity.**

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that Work-based Learning and Clinical Internship/Nursing Education may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Knox County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply

with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child's operation of their motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ___day of_____, 20___. This consent and release has been read and is understood by me.

Student's Signature **Date**

Parent/Guardian's signature (if student less than 18 years of age) **Date**

School Principal Approval **Date**

Teacher Approval **Date**