



Nursing Education



Coordinator Handbook

2023-2024

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 Documentation 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/Adapting 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 Communication *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 OSHA EXAM	CH 5: Preventing Infection	Skill 1 Hand washing Skill 13 Isolation Gown and Gloves	1ii	1.2
7-8/6 hours Safety EXAM	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
9-10/3 hours	CH 8: Human Needs/Dev'lp	Skill 19 Partial Bed Bath Skill 20 Perineal Care	2iv,3i	4.1

	CH 9: The Healthy Human Body <i>Recognizing abnormal changes and reporting</i>			
11-12/6 hours Day 13/3hours	CH.7 Emergency Care EXAM 1 ch 1-10	*CPR / First Aid		
14-15/6 hours	CH. 11: Admitting Transferring, and Discharging CH. 12: The Resident's Unit <i>Assessment Skills and Caring for the Residents Environment</i>	Skill 27 Weighing an ambulatory patient Skill 14 Occupied Bed making Skill 15 Unoccupied Bed	2ii-2iii	3.5
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 Day 22/3 hours Day 23/3hours	CH. 17 Bowel Elimination EXAM 2 Ch: 11-17 Skill Practice	*Enema		
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	Comprehensive	Comprehensive

32/3 hours	Exam 3 Ch: 18-23			
Days 33-46/ 42 hours	Clinical Rotation	Comprehensive		
Day 47	End of Course Exam	March 15	Comprehensive	Comprehensive

Classroom hours: 93 hours

Clinical hours: 42 hours

Total hours: 135 hours



Nursing Education Forms

_____ 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 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 LTCF 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"*. Can use electronic portfolios on Google Sites

___ **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.*

(Rule 1200-08-06-.15, continued)

1. Every nursing home, unless exempted due to its limited scope of clinical services, shall have a plan that provides for the reception and treatment, within its capabilities, of medical emergencies resulting from a disaster within its usual service area. The plan should consider the probability of the types of disasters which might occur, both natural and "man-made".
2. The plan must provide for additional staffing, medical supplies, blood and other resources which would probably be needed. The plan must also provide for the deferral of elective admission patients and also for the early transfer or discharge of some current patients if it appears that the number of casualties will exceed available staffed beds.
3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to staff who would be assigned non-routine duties during these types of emergencies. Familiarization information shall be included in employee orientation sessions and more detailed instruction must be included in continuing education programs. Records of orientation and education must be maintained for at least three (3) years.
4. At least one drill shall be conducted each year for the purpose of educating staff, resource determination, and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.
5. As soon as possible, actual community emergency situations that result in the treatment of more than twenty (20) patients, or fifteen percent (15%) of the licensed bed capacity, whichever is less, must be documented. Actual situations that had education and training value may be substituted for a drill. This includes documented actual plan activation during community emergencies, even if no patients are received.

(c) Emergency Planning with Local Government Authorities.

1. All nursing homes shall establish and maintain communications with the county Emergency Management Agency. This includes the provision of the information and procedures that are needed for the local comprehensive emergency plan. The facility shall cooperate, to the extent possible, in area disaster drills and local emergency situations.
2. Each nursing home must rehearse both the Physical Facility and Community Emergency plan as required in this rule, even if the local Emergency Management Agency is unable to participate.
3. A file of documents demonstrating communications and cooperation with the local agency must be maintained.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-216.

Administrative History: Original rule filed February 9, 1998; effective April 25, 1998. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 21, 2005; effective December 5, 2005.

1200-08-06-.15 NURSE AIDE TRAINING AND COMPETENCY EVALUATION. All nurse aide training programs must comply with the federal nurse aide training and competency regulations, promulgated

(Rule 1200-08-06-.15, continued)

pursuant to the Omnibus Budget Reconciliation Act of 1987, and with federal labor laws, including but not limited to minimum age requirements. Copies of these regulations may be obtained from the department.

(1) Testing service.

- (a) The Department shall provide or contract for the provision of nurse aide testing services as follows:
 - 1. Annual publication of testing schedules and sites.
 - 2. Test sites shall be located so that no individual is required to drive farther than thirty (30) miles to reach a test site.
 - 3. Scheduled tests shall be administered, except when no individual is scheduled to test at a particular test site.
 - 4. The number of individuals passing and failing shall be published following each test.
 - 5. The minimum passing grade for each test shall be seventy-five percent (75%) for the written or oral component. The performance demonstration portion of the test shall consist, at minimum, of five performance tasks, which shall be selected randomly for each registrant from a pool of skills evaluation tasks ranked according to degree of difficulty, with at least one task selected from each degree of difficulty. Registrants are required to pass a minimum of five (5) performance tasks.
 - 6. Individuals who fail any portion of the test three (3) consecutive times shall repeat training prior to taking the test again.
- (b) Applications to take the test shall be sent by the program coordinator to the appropriate testing agency postmarked no later than thirty (30) days prior to the test date. Requests for special testing needs shall be made to the testing agency at this time.
- (c) The department shall provide the board with quarterly reports on the number of individuals passing and failing each test.
- (d) A practical and written test will be developed to reflect that a trainee has acquired the minimum competency skills necessary to become a competent and qualified nurse aide. The Nurse Aide Advisory Committee, composed of twelve (12) members with at least three (3) members nominated by the Tennessee Health Care Association, will periodically review testing materials and set criteria for survey visits of the nurse aide programs.
- (e) The test will be developed from a pool of questions, only a portion of which is to be used for grading purposes in any one test, not to exceed one hundred (100) questions. A system must be developed which prevents the disclosure of the pool of questions and of the performance demonstration portion of the test.

(2) Training program.

- (a) Requests for approval of a nurse aide training program shall be submitted to the department and shall include the following:
 - 1. Name, address and telephone number of the facility, institution or agency offering the program;

(Rule 1200-08-06-.15, continued)

2. The program coordinator's name, address, license number and verification of a minimum of two (2) years nursing experience, at least one of which must be in the provision of long-term care facility services;
 3. Statement of course objectives;
 4. Description of course content specifying the number of hours to be spent in the classroom and in clinical settings; and,
 5. In lieu of (3) and (4) above, the fact that the curriculum is previously department-approved.
- (b) Notification of any change to any one of the above five (5) items or termination of the program must be submitted to the department within 30 days.
- (c) Each training program shall have a pass rate on both written and performance exams of at least 70%. Annual reviews of Nurse Aide Training Programs shall include:
1. Letter of commendation for exceptional pass rate as evaluated by the department;
 2. Letter of concern for programs having one year of test pass rates below 70%;
 3. Request for plan of program improvement for programs with two consecutive years of test pass rates below 70%;
 4. After the third year of consecutive test pass rates below seventy-percent (70%), the program shall be closed for no less than twenty-four (24) months. All students enrolled in the program shall be allowed to complete the course. Any program closed may appeal the closure to the Board pursuant to the Uniform Administrative Procedures Act compiled in Title 4, Chapter 5, Part 3.
- (d) Each program coordinator shall be responsible for ensuring that the following requirements are met:
1. Course objectives are accomplished;
 2. Only persons having appropriate skills and knowledge are selected to conduct any part of the training;
 3. The provision of direct individual care to residents by a trainee is limited to appropriately supervised clinical experiences; a program instructor must be present or readily available on-site during all clinical training hours including direct patient care for the seventy-five (75) hour training program. All activities of daily living (ADL) skills, including but not limited to bathing, feeding, toileting, grooming, oral care, and perineal care, must be taught prior to student performing direct patient care;
 4. The area used for training is well-lighted, well-ventilated and provides for privacy for instruction. Such requirements are not to exceed the requirements for physical space in a nursing facility;
 5. Each trainee demonstrates competence in clinical skills and fundamental principles of resident care;

(Rule 1200-08-06-.15, continued)

6. Records are kept to verify the participation and performance of each trainee in each phase of the training program. The satisfactory completion of the training program by each trainee shall be attested to on each trainee's record;
 7. Each trainee is issued a certificate of completion which includes at least the name of the program, the date of issuance, the trainee's name and the signature of the program coordinator.
 8. The program coordinator shall be responsible for the completion, signing and submission to the department of all required documentation.
- (e) Student to teacher ratio must be as follows: 25:1 in classroom and 15:1 for direct patient care training.
- (3) Nurse Aide Registry. A nursing home must not use any individual working in a facility as a nurse aide for more than four (4) months unless that individual's name is included on the Nurse Aide Registry. A facility must not use on a temporary, per diem, leased or any basis other than permanent, any individual who does not meet the requirements of training and competency testing.
- (a) The nurse aide registry shall include:
1. The individual's full name, including a maiden name and any other surnames used;
 2. The individual's last known home address;
 3. The individual's date of birth; and,
 4. The date that the individual passed the competency test and the expiration date of the individual's current registration.
- (b) The name of any individual who has not performed nursing or nursing related services for a period of twenty-four (24) consecutive months shall be removed from the Nurse Aide Registry.
- (4) Continued Competency. The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, 68-11-207, 68-11-209, 68-11-210, 68-11-211, 68-11-213, and 68-11-804. Administrative History: Original rule filed September 4, 2003; effective November 18, 2003. Amendment filed March 27, 2015; effective June 25, 2015.

1200-08-06-.16 APPENDIX I

- (1) Physician Orders for Scope of Treatment (POST) Form



**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:

Nursing Home Administrator

Print Name

Nurse Aide Training Program Coordinator

Date:

High School Principal Signature (if applicable)

CNA Candidate Information



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

Social Security # _____

Maiden/Formal 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 _____ 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).

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

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)

Address: _____

Phone
Number: _____

Date: _____

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 it 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: _____

Nursing Education Forms to be Completed



Work Based Learning Forms



TENNESSEE DEPARTMENT OF

EDUCATION

FIRST TO THE TOP

**Work-Based Learning
Personalized Learning Plan**

Student Name:

Placement Date:

Placement Site:

WBL Coordinator:

List the 2 (or more) courses the student has completed within their Program of Study:

1. _____

3. _____

2. _____

4. _____

Name of Elective Focus or CTE Program of Study: _____

Course Code: _____

Verification of Worker's Compensation: ☐ Yes ☐ No

If the student is in a PAID experience, he/she must be covered by the employer's Worker's Compensation plan. In instances where Worker's Compensation is not provided, the student MUST supply evidence of a personal accident insurance policy.

Up-to-date copies of the Safety Training Log and the Work-Based Learning Agreement must be kept on file both at the work site and at the school for all WBL placements as required by Tennessee Child Labor Law and consistent with the Department of Education's WBL Policy Guide.

This packet is required for students earning credit through the *Work-Based Learning: Career Practicum* course or other practicum courses for credit. It is recommended that students use this packet for all credit-bearing WBL experiences to ensure compliance with the State Board of Education's WBL Framework, with federal and state child labor laws, and with the Department of Education's WBL Policy Guide:

Personalized Learning Plan Part A: Long-term Goals and Learning Objectives

PLANNING FOR WORK-BASED LEARNING

Consider your past experiences, interests, and future career and education goals to answer the questions below.

What is your area of elective focus in high school?

What are your plans for after high school?

Describe your future career goals:

What kind(s) of education or training might you need after you graduate from high school?

What placement or capstone work-based learning experience do you hope to get?

ONCE YOU HAVE IDENTIFIED A POSSIBLE PLACEMENT

How is this work-based learning experience aligned with your career goals?

What do you want to learn through this experience that will help you progress toward your long-term goal?

What special projects or activities will help you practice important skills?

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

Below is a list of skills that employers seek from their employees. Complete this section during the WBL experience. Work with your teacher and/or employer to document the ways you practice these skills through your experience. Also write down what evidence you can add to your portfolio after the experience to show your skills!

(You can learn more about what kinds of activities and learning opportunities are available at the workplace by doing an internet search and interviewing the employer if that is possible. See the *Pre-Experience Research Checklist and Informational Interview Guide*.)

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS
LITERACY: Read and comprehend relevant academic and technical texts <i>Example: Read and understand a procedure manual on handling hazardous materials in a laboratory; explain instructions to supervisor and document understanding.</i>
My Experience:
My Evidence:
MATH: Select and apply relevant mathematical concepts to solve problems and perform expected tasks <i>Example: Close out cash registers by hand and compare to electronic results.</i>
My Experience:
My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS (cont'd)

INDUSTRY-SPECIFIC TECHNICAL SKILLS: Demonstrate industry-specific technical skills

Example: Correctly weld metal parts, in accordance with quality requirements.

My Experience:

My Evidence:

INDUSTRY-SPECIFIC SAFETY SKILLS: Demonstrate adherence to industry-specific safety regulations

Example: Use safety goggles when required and document when they were used and why.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

CAREER KNOWLEDGE AND NAVIGATION SKILLS

UNDERSTANDING PATHS AND OPTIONS: Plan and navigate education and career paths aligned with personal goals
Example: Interview franchise supervisor about education needed; document what is heard and analyze to student's own plans.

My Experience:

My Evidence:

REFLECTION: Reflect on experiences through creation of a personal portfolio

Example: Document and gather information (using text, photos) about skills and accomplishments, such as a business plan written to improve non-profit organization's services; complete an assessment of the quality of the products included.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

21ST CENTURY LEARNING AND INNOVATION SKILLS

CREATIVITY AND INNOVATION: Use imagination and insight to develop original ideas for products, including physical products, services, and solutions to problems, among others

Example: Document participation in a brain-storming session and the ideas generated related to a new marketing brochure.

My Experience:

My Evidence:

COMMUNICATION: Articulate ideas effectively in both oral and written communications; listen effectively

Example: Orally present the results of a survey of students about their interest in a new app.

My Experience:

My Evidence:

INFORMATION LITERACY: Access and evaluate Information, manage information accurately and ethically

Example: Conduct an internet search about competitors in the youth clothing industry in the community, documenting sources and rating each for credibility.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

PERSONAL AND SOCIAL SKILLS

INITIATIVE AND SELF-DIRECTION: Work independently; demonstrate agency, curiosity, and the ability to learn
Example: Take the initiative to find out more about the science behind a process at the manufacturing plant and write up what was learned.

My Experience:

My Evidence:

CUTURAL AND GLOBAL COMPETENCE: Exhibit interpersonal and social skills that are respectful of cultural differences
Example: Identify staff of differing cultural origins and document conversations about cultural differences in expected workplace behavior.

My Experience:

My Evidence:

PRODUCTIVITY AND ACCOUNTABILITY: Set goals and priorities and manage time and projects; exhibit punctuality, persistence, and precision and accuracy; complete projects to agreed-upon standards
Example: Verify (and document verification of) the sums on a spreadsheet of donations before turning it in on time.

My Experience:

My Evidence:

WBL Safety Training Log

The following safety training log should reflect the training requirements appropriate for the student's job description and align with the required trainings of the business. According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Address:
City/Zip:	City/Zip:
Phone:	Phone:
DOB:	Supervisor:

Student's Responsibilities/Job Description: _____

Safety Training Topics*	Trainer's Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**If additional space is needed, attach an extra sheet of paper.*

SIGNATURES

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Work-Based Learning Agreement

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:		Work Site:	
State ID Number:		Supervisor:	
Address:		Address:	
City/Zip:		City/Zip:	
Phone:	DOB:	Phone:	
Area of Elective Focus:		Start Date:	
High School:			

Typical Weekly Work Schedule: Hours for credit-bearing experiences must equate to a full-time equivalent course.

Day	Time of Work From	To	Total Work Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total		

Type of WBL Experience

<input type="checkbox"/>	Apprenticeship (Registered)
<input type="checkbox"/>	Clinical
<input type="checkbox"/>	Cooperative Education
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Transition (paid or unpaid)
<input type="checkbox"/>	School-Based Enterprise
<input type="checkbox"/>	Service Learning

Employability Skills: This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:

- **Application of academic and technical knowledge and skills**
- **Career knowledge and navigation skills**
- **21st Century learning and innovation skills**
- **Personal and social skills**

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: (When not the WBL Coordinator)	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: (or designated WBL Coordinator)	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

VERIFY WORKERS' COMPENSATION COVERAGE: ___YES ___NO **Employer Signature** _____

Work-Based Learning Insurance and Emergency Information

Student Name:	Work Site:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:
DOB: Grade:	WBL Coordinator:

Allergic to Medication? ☐ No ☐ Yes If yes: list medication(s):

List any other allergies or medical problems:

Medical Alert: ☐ No ☐ Yes, If yes: additional explanation:

Insurance Company: Policy #:

Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact	Home Phone: Work Phone: Cell Phone:

I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent or Guardian	Date
Student	Date
WBL Coordinator	Date
Principal	Date
Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantages should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Student Name: _____ Teacher Name: _____ Date: _____

Portfolio Rubric for Work-Based Learning

Skills	Approaching Proficiency	Proficient	Approaching Expertise	Insufficient Evidence
Application of Academic Knowledge and Skills	<input type="checkbox"/> Shows gaps in comprehension of academic and technical texts or in application of mathematical concepts to solve problems and perform expected tasks. Frequent spelling and grammar errors.	<input type="checkbox"/> Shows comprehension of relevant academic and technical texts and applies relevant mathematical concepts to solve problems and perform expected tasks	<input type="checkbox"/> Shows advanced understanding of academic and technical texts and/or superior abilities in mathematical reasoning in performing expected tasks. Only minor spelling and grammar errors.	<input type="checkbox"/>
Application of Industry-Focused Knowledge and Technical Skills	<input type="checkbox"/> Shows gaps in demonstration of industry-specific technical skills and/or adherence to industry-specific safety regulations	<input type="checkbox"/> Demonstrates industry specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/> Shows evidence of advanced industry-specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/>
Career Knowledge and Navigation Skills	<input type="checkbox"/> Shows little evidence of planning or navigating workplace or education and career paths aligned with personal goals	<input type="checkbox"/> Shows evidence of planning and navigating workplace and education and career paths aligned with personal goals	<input type="checkbox"/> Shows excellent understanding of paths and options; demonstrates superior ability to navigate workplace; strong alignment with personal goals	<input type="checkbox"/>
21st Century Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more 21 st Century skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most 21 st Century skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates exceptional abilities in two or more 21 st Century skill categories, with no significant gaps in any skill category.	<input type="checkbox"/>
Personal & Social Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more Personal & Social skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most Personal & Social skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates superior skill in two or more Personal & Social skill categories, no significant gaps in any skill areas.	<input type="checkbox"/>

Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Not all boxes must be filled for a portfolio to be high quality. Instead, each row should contain at least one “X” as an indication that the student’s portfolio contains evidence of that skill using one of the following formats. See sample completed matrix at the end of this packet.)

Student Name: _____

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills						
Application of Industry-Focused Knowledge and Technical Skills						
Career Knowledge and Navigation Skills						
Creativity And Innovation						
Critical Thinking & Problem Solving						
Communication						

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Collaboration & Teamwork						
Information Literacy						
Technology Literacy						
Initiative And Self-Direction						
Professionalism, And Ethics						
Cultural and Global Competence						
Adaptability And Flexibility						
Productivity And Accountability						

This document is part of the Work-Based Learning Implementation Guide. For more resources, see the WBL

Toolbox: <https://tn.gov/education/article/wbl-toolbox>

Summary of Suggested Components for Portfolio Entries

A suggested portfolio that provides evidence of standards attainment would include the following artifacts:

1. **Introductory letter** written by the student describing the work to be presented and how the samples were selected.
2. **Table of Contents** of student work items contained within the portfolio.
3. **Career Development Materials**
 - Career and educational development plan
 - Resume
 - Application for college
 - Application for employment
 - Letters of recommendation
4. **Documentation of Progress**
 - List of responsibilities undertaken throughout the experiences
 - Periodic journal entries reflecting on tasks and activities
5. **Work Samples (3-4)**
 - Examples of materials developed throughout the experience linked to standards and learning plan
6. **Writing/Research Sample** to demonstrate in-depth knowledge about a career area, describing skill needs and future trends in the industry; use of multiple sources (interviews, literature review and internet search) with proper citations, to demonstrate research/knowning how to learn, information literacy, and written communication skills.
7. **Project** encompassing both work samples and writing samples, and culminating in a presentation. (Note: could substitute for Writing/Research Sample and other Work Samples, if the Project will already include these.)
8. **Assessments**
 - Student Self-Assessment
 - Supervisor evaluation and observations
 - WBL coordinator evaluations and observations

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Sample completed matrix: May be used for tracking student artifacts.)

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills		X	X	X	X	X
Application of Industry-Focused Knowledge and Technical Skills	X	X	X	X	X	X
Career Knowledge and Navigation Skills	X	X	X			X
Creativity And Innovation			X	X	X	X
Critical Thinking & Problem Solving			X	X	X	X
Communication	X	X	X	X	X	X
Collaboration & Teamwork		X	X		X	X

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Information Literacy	X	X	X		X	X
Technology Literacy		X	X		X	X
Initiative And Self-Direction	X		X		X	X
Professionalism, And Ethics			X		X	X
Cultural And Global Competence			X	X	X	X
Adaptability And Flexibility			X		X	X
Productivity And Accountability			X		X	X