

TRAINING AND COMPETENCY EVALUATION PROGRAM (TCEP) APPLICATION FOR INITIAL APPROVAL



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HEA 7750

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Guidelines for Completion

The purpose of this document is to guide you in submitting the information needed to comply with paragraphs (B), (C), (E) and (F) of rule 3701-18-04 of the Ohio Administrative Code (OAC) in applying for approval of your Training and Competency Evaluation Program (TCEP). This application and all supporting documentation must be submitted, along with the \$300 non-refundable fee (no cash, personal checks or purchase orders accepted) made payable to the "Treasurer, State of Ohio," and mailed to the following address: Ohio Department of Health, NATCEP Unit Coordinator, Accounts Receivable, P. O. Box 15278, Columbus, Ohio, 43215-0278.

1. General Information:

- A. Information requested in this section identifies the facility, agency or organization applying to operate the TCEP. Note that facility-based programs must be owned, operated and conducted by a long-term care facility.
- B. Specific information regarding the plans for operation of your TCEP is requested here. Explain how often you intend to offer a complete TCEP during a 24-month period and include the anticipated plan of presentation for each that you intend to follow.

2. Faculty:

Complete all program coordinator (PC) and primary instructor (PI) information requested in this section. A written agreement is required for all non-facility-based TCEPs, and for facility-based TCEPs that do not employ the PC. Guidance for the written PC agreement can be found in paragraphs (A) and (C) of the OAC rule 3701-18-09. Note: Only registered nurses (RNs) may serve as PIs in non-facility-based programs. Attach copies of Train-the-Trainer (TTT) certification for PC and all PIs. If a TTT certificate is more than 24 months old, send validation of TCEP involvement since the date of completion. Include program name, approval number and dates of involvement.

3. Physical Facilities:

- A. Classroom: Include a description of the classroom and the laboratory simulation area. In addition, indicate the number of trainees each room will hold for safe and proper operation of the program.

Clinical Experience Location: A clinical contract or letter of agreement between the TCEP and the clinical agency is required for non-facility-based programs or facility-based programs that are using clinical sites other than their own. These contracts or agreements shall state that the program trainees have access to the clinical facilities, including residents, for the clinical training portion of the TCEP.

- B. This information is needed to determine whether a facility is eligible to have an approved TCEP. Complete this page for each long-term care facility (LTCF) used as a clinical/classroom site.

4. Verification of Rule Compliance:

The pertinent sections of the rules have been listed for your information and verification of compliance.

5. Curriculum:

- A. Check the type of curriculum you intend to use and follow the instructions for submitting your particular curriculum.
- B. Complete the requested information for the individuals who will be providing instruction or supervising clinical experience. You will also need to supply the title of the guest lecturer, the topic area to be covered and the length of time the guest lecturer will be speaking. This information is needed for each guest lecturer, and may be included as an attachment page. Describe the overall evaluation method that will be used for students to evaluate the TCEP and for instructors to evaluate the students. Describe the overall teaching method.
- C. A summary of the required curriculum hours is presented. Enter in the "actual hours" column the amount of time for each topic area. Each topic area must meet or exceed the "required hours." **DO NOT LEAVE ANY BLANK SPACES.**

Note: No clinical hours are permitted in Topic Areas I through VI. Topic Areas VII through XI must indicate hours for both classroom and clinical. Class and clinical hours in Topic Areas VII through XI must meet or exceed the ranges listed in the "required hours" for the classroom/clinical.

The hours for each topic area must at least be within the ranges indicated under "required classroom hours" and "required clinical hours." Under "totals," add up all of the hours for each category and make sure they meet the minimums. Fill in the guest lecturer and audio/visual hours you anticipate using, which may not exceed 30 hours in total.

6. Attestation:

When signing this section, the PC is attesting the program will be conducted in compliance with all the applicable rules. The PC is responsible for compliance with the rules and must sign the form. The facility administrator may also co-sign the attestation.

7. Reminders:

The Director of Health or Director's designee may request any additional information necessary to assess compliance with the applicable criteria for program approval. The applicant shall provide any requested additional information within the time specified by the Director or Director's designee.

Application Checklist of Items

To be included with Application for Approval of TCEP

_____ APPLICATION FORM **COMPLETED ENTIRELY** IN INK; SEND ORIGINAL

_____ PC/PI INFORMATION

- A. TTT certificate with proof of validity, as applicable
- B. Written agreement between PC and employing agency
- C. Resume, verification of employment, license verification and any additional information as requested. **DO NOT SEND SOCIAL SECURITY NUMBERS OR DRIVER'S LICENSE INFORMATION.**

_____ CURRICULUM CONTENT OUTLINE AS APPLICABLE

_____ CONTRACTS OR LETTERS OF AGREEMENT WITH OTHER LTC FACILITIES THAT WILL SERVE AS CLINICAL SITES AS APPLICABLE

_____ NON-REFUNDABLE FEE, IN THE AMOUNT OF \$300 PAYABLE TO "TREASURER, STATE OF OHIO" (business check or money order only).

_____ READ ALL OF THE ASSURANCES

_____ APPLICATION SIGNED AND DATED

_____ SKILLS CHECKLIST SAMPLE FOR TWO SKILLS, INCLUDING ALL OF THE STEPS OF EACH SKILL.

_____ EVALUATION FORMS SAMPLE FOR STUDENT AND INSTRUCTOR EVALUATIONS

_____ FINAL EXAM SAMPLE AND ONE QUIZ SAMPLE

Mail one completed, original set of all of the above materials with the fee to:

**Ohio Department of Health
Revenue Office
NATCEP Unit Supervisor
P. O. Box 15278**

Application for Approval

If you are a United States Armed Forces service member or Veteran, the spouse, or surviving spouse of a service member or Veteran and would like to receive priority expedited processing, please check:

Yes

If yes, mark the appropriate box below and submit acceptable documentation of service.

Service Member

Veteran

1. General Information:

A. Name of facility/organization operating the TCEP: _____

Name of the TCEP as it will appear on the Certificate of Completion: _____

Is this TCEP owned or operated by an LTCF? _____ If yes, what is the provider number of the LTCF? _____

Is this TCEP owned or operated by an HHA? _____ If yes, what is the name of the Home Health Agency? _____

Address of the TCEP: _____

City: _____ County: _____ Telephone: _____

PC: _____ Telephone: _____

E-mail Address: _____

B. Anticipated # of complete TCEPs to be offered in the next 24 months: _____

Anticipated number of participants per class: _____

Duration in days, weeks or months of each TCEP: _____

Total number of hours in TCEP: _____

Briefly describe below the overall schedule plan [OAC rule 3701-18-05 (C) (8)] you will use for scheduling and implementing both the classroom instruction and clinical experience portions of the program, e.g., classroom, M – F, 8 a.m. - 4:30 p.m. times 10 days and clinicals, 7 a.m. - 3:30 p.m. times 2 days for a total of 12 days.

2. Faculty: Provide requested information below for the PC and each PI who will teach in your program, including part-time faculty and substitutes.

Note: Non-facility-based programs may use only RNs.

A. Program Coordinator (PC)	B. Primary Instructor (PI)
Name: _____	Name: _____
Ohio RN License #: _____	Ohio Nursing License # _____
Expiration Date: _____	Expiration Date: _____
Phone: _____	Phone: _____
E-mail address: _____	E-mail address: _____
1. Length of experience as a registered nurse: _____	1. Length of experience as a licensed nurse: _____
2. Length of experience in chronic/geriatric care: _____	2. Length of experience in geriatric/chronic care: _____
3. Number of years teaching adults: _____	3. Number of years teaching adults: _____
4. Length of experience in a long-term care facility as an RN: _____	4. Length of experience in a long-term care facility: _____
Education: _____	Education: _____
Current Employer: _____	Current Employer: _____
<p>Please attach resume listing employers in skilled nursing facility/long-term care, along with letterhead verification of 1600 hours/one year employment in a skilled nursing facility.</p>	<p>Please attach a resume listing employers in geriatric/chronic care, along with letterhead verification of 3200 hours/2 years employment in geriatric/chronic care.</p>
<p>Attach a copy of official Ohio TTT certificate (must include ODH seal). If TTT certificate is more than 24 months old, send validation of teaching at least 8 hours as a PC or PI in past 24 months.</p>	<p>Attach a copy of official Ohio TTT certificate (must include ODH seal). If TTT certificate is more than 24 months old, send validation of teaching at least 8 hours as a PC or PI in past 24 months.</p>
<p>Attach written agreement between the PC and program if non-facility based or if not employed by the facility-based program.</p>	<p>Must complete for each added PI. May copy if needed.</p>
<p>Is the PC the director of nursing of the sponsoring facility? _____</p>	
<p>Does PC expect to also be considered as a PI? _____</p>	

3. A. Physical Facilities -- CLASSROOM SITE:

Provide this page for each classroom site. (This sheet may be copied if needed)

Classroom Site Name: _____
Address: _____
City: _____, Ohio ZIP Code: _____ County: _____
Phone: _____ Room Capacity: _____
Description of room(s) used for classroom instruction and laboratory simulation, to include all equipment to teach skills:

B. Physical Facilities -- CLINICAL/LONG-TERM CARE FACILITY (LTCF) SITE:

Provide this page for each clinical site. (This sheet may be copied if needed)

Clinical/LTCF Site Name: _____
Address: _____ City: _____, Ohio ZIP Code: _____
County: _____ Telephone: _____
Clinical Agreement Attached: _____ Yes _____ No Number of Beds: _____

Ohio Administrative Code rule 3701-18-06 (C): The director or the director's designee shall not approve or reapprove a TCEP conducted by or in a long-term care facility which during the previous two years from submission of its application for approval or reapproval:	YES	NO	If yes, list date.
Had its license revoked pursuant to Chapter 3721 of the Revised Code [OAC rule 3701-18-06 (C) (1)];			
Ohio Administrative Code rule 3701-18-06 (C) (2): For the purposes of this paragraph, a facility is considered to have been determined to be out of compliance with the specified requirements if any of the following occurred during the previous two years:	YES	NO	If yes, list date.
In the case of a long-term care facility certified as a skilled nursing facility under Title XVIII of the Social Security Act, it operated under a waiver of the Medicare nurse staffing requirements established under Title XVIII of the Social Security Act [OAC rule 3701-18-06 (C) (2) (a)];			
In the case of a long-term care facility certified as a nursing facility under Title XIX of the Social Security Act, it operated under a waiver of the Medicaid nurse staffing requirements established under Title XIX of the Social Security Act, if the waiver was granted on the basis of a demonstration that the facility was unable to provide the nursing care required under the Medicaid requirements for a period in excess of forty-eight hours per week [OAC rule 3701-18-06 (C) (2) (b)];			
The long-term care facility was subject to an extended or partial extended Medicare or Medicaid certification survey [OAC rule 3701-18-06 (C) (2) (c)];			
The long-term care facility's participation in the Medicare or Medicaid program was terminated [OAC rule 3701-18-06 (C) (2) (d)];			
A civil money penalty or fine of not less than five thousand dollars was imposed upon the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (e)];			
A denial of payment for Medicare or Medicaid admissions was imposed upon the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (f)];			
A temporary manager or a special master was appointed for the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (g)]; or			
The facility was closed or its residents were transferred because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (h)].			

4. Verification of Rule Compliance: The TCEP verifies it will comply with all requirements of the law, rules and policies as follows:

- The physical facilities for classroom instruction and laboratory simulation shall provide adequate space to accommodate all trainees; shall be clean, safe and meet local and state building and fire code requirements; shall have adequate lighting and comfortable temperatures and shall be equipped adequately with audio-visual equipment, and other teaching aids and equipment needed for simulation of resident care. [OAC rule 3701-18-10 (A-D)]
- Records shall be maintained for two years in a secure and confidential manner that is accessible to authorized individuals. Records must include all information required by the applicable rules. [OAC rule 3701-18-11 (A) (1) and (B) (1-3)]
- **Any changes in PC, PI, classroom or clinical site** or curriculum content greater than five hours, will be reported to the NATCEP unit at least 10 business days prior to the planned implementation date for the proposed change. [OAC rule 3701-18-06.1 (B)]
- The TCEP must inform the NATCEP unit of the intent to discontinue training activities at least 45 days before discontinuing the approved TCEP. [OAC rule 3701-18-06.1 (C)]
- Reports of schedules for the approved TCEP and lists of trainees must be submitted according to requirements. [OAC rule 3701-18-06.1 (D) and (G)]
- The TCEP must allow the director or the director's designee to conduct an unannounced inspection of each approved program during the first year after the initial approval and at least once during each approval period thereafter. The TCEP must also allow the director or the director's designee access to staff, facilities, classes and records of the approved TCEP. [OAC rule 3701-18-03 (A) (1-3)]
- Certificates, as prescribed by the NATCEP unit, must be issued to all trainees upon successful completion of the approved TCEP. [OAC rule 3701-18-06.1 (H)]
- A written agreement shall be maintained with at least one LTC facility to provide the clinical experience portions of the approved TCEP. The approved TCEP shall ensure the LTC facilities used by the program remain in compliance with the requirements of the Social Security Act. [OAC rule 3701-18-08 (B) (1-4)]
- No approved TCEP shall impose a charge on an individual who is employed by or has received an offer of employment from a long-term care facility for participation in the approved TCEP, including any charge for textbooks, required course materials or competency evaluation. [OAC rule 3701-18-08 (H)]
- The approved TCEP shall use only qualified personnel in the roles of PC and PIs, and assure the **PC maintains overall responsibility for the approved TCEP** as required. [OAC rule 3701-18-09]
- The approved TCEP shall not exceed 30 hours of class with any combination of media and/or guest lecturers. [OAC rule 3701-18-09 (I) and 3701-18-09 (K) (2)]

- If used, interactive videodisc will not relieve the approved TCEP of the responsibilities to conduct the approved TCEP according to the requirements. [OAC rule 3701-18-09 (K) (3)]
- TCEP must maintain, at minimum, a ratio of one PC or PI for every eight trainees during the clinical portion of the approved TCEP. Only qualified PC or PIs will conduct any of the clinical supervision. [OAC rule 3701-18-09 (E) and (H)]
- All trainees must be clearly identified as trainees during any direct contact with residents while enrolled in the approved TCEP. [OAC rule 3701-18-08 (C)]
- All absences are to be made up within 60 calendar days from the date of absence. Absences from the first 16 hours of classroom instruction shall be made up hour for hour before the trainee provides any nursing or nursing-related services involving direct contact with residents. [OAC rule 3701-18-08 (D)]
- The approved TCEP shall not allow any trainee to cheat or behave in a manner that is disruptive to the operation of the approved TCEP. [OAC rule 3701-18-08 (E)]
- The approved TCEP shall establish and implement a method by which the trainee may evaluate the approved TCEP. [OAC rule 3701-18-08 (F)]
- Each approved TCEP shall provide and assist the trainee in completing the registration forms for the state-administered competency evaluation program. [OAC rule 3701-18-08 (G)]
- For successful completion of an approved TCEP, at minimum the following must be met: The trainee attended all classroom instruction and clinical experience or made up any missed portion in accordance with the approved TCEP's policy; if the program used oral or written examinations or quizzes to evaluate the trainee, the trainee correctly answered an average of at least 70 percent; and the PC or PI documented that the trainee successfully completed skills testing for each task on which the trainee was tested. [OAC rule 3701-18-13 (E) (1-3)]

I have read and understand the rules as noted above and will comply with all requirements for TCEP as stated in The Ohio Administrative Code 3701-18:

(Signature of PC and date) _____

5. Curriculum:

A. Identify the type of curriculum to be used for the TCEP:

(Check Mark)	CURRICULUM PLAN	INSTRUCTIONS
	PROCARE	Attach a copy of a statement that ProCare will be used, a copy of objectives and content for Standards: III.3 Universal Precautions and VI.1 Resident Rights.
	ODH STANDARDS AND GUIDELINES	DO NOT SEND A COPY IF USING ODH CURRICULUM
	APPROVED PLAN DEVELOPED BY CORPORATE STRUCTURE	Identify and attach a copy
	APPROVED PLAN PURCHASED FROM INDEPENDENT CONTRACTOR OR CONSULTANT	Identify and attach a copy
	PLAN DEVELOPED INTERNALLY	Attach 1 completed copy of the attached curriculum plan forms. For each standard provide (as requested) measurable objectives, an outline of the content that will be used to meet each objective. All items listed on the top of each page must be comparable to the objectives and content provided. Be sure the required time frames are met.
	OTHER	Attach 1 completed copy of the attached curriculum plan forms. For each standard provide (as requested) measurable objectives, an outline of the content that will be used to meet each objective. All items listed on the top of each page must be comparable to the objectives and content provided. Be sure the required time frames are met.

B. Identify the Instructors, Evaluation Methods, and Teaching Methods to be used:

Name and titles of Instructors who will be Teaching the TCEP (PC, PI and/or Guest Lecturer)	
Name and title of Supervisor for TCEP Clinical Experience (PC and/or PI)	
Briefly Describe the Overall Evaluation Method (e.g. how the students evaluate the TCEP and how the instructors evaluate the students)	
Briefly Describe the Overall Teaching Method (e.g. Lecture, Audio-Visual (AV), Guest Lecturer, Quizzes, Skills Checklist)	

C. Summary of Curriculum Plan Hours: Complete this form regardless of the Curriculum being used. ****DO NOT LEAVE BLANK SPACES****

Topic Area	Required Hours Classroom	Actual Hours Classroom	Required Hours Clinical	Actual Hours Clinical	Total Required Hours	Total Actual Hours
I. Introduction to TCEP	0.5		0	////////////////////	0.5	
II. Communications and Interpersonal Skills	4.5		0	////////////////////	4.5	
III. Infection Control	2.5		0	////////////////////	2.5	
IV. Safety and Emergency Procedures	6.5		0	////////////////////	6.5	
V. Promoting Residents' Independence	1.0		0	////////////////////	1.0	
VI. Respecting Residents' Rights	1.0		0	////////////////////	1.0	
VII. Basic Nursing Skills	9.0 - 13.0		6.0 - 10.0		19.0	
VIII. Personal Care Skills	14.5 - 15.5		7.0 - 8.0		22.5	
IX. Mental Health and Social Service Needs	7.5 - 9.5		2.0 - 4.0		11.5	
X. Basic Restorative Services	2.0 - 3.0		1.0 - 2.0		4.0	
XI. Resident Rights	1.0 - 2.0		N/A - 1.0		2.0	

Total Required Hours Topic Areas I thru VI.....16

Total Actual Hours Topic Areas I thru VI _____

Required Classroom Hours Topic Areas VII thru XI.....34 - 43

Actual Classroom Hours Topic Areas VII thru XI _____

Required Clinical Hours Topic Areas VII thru XI.....16 - 25

Actual Clinical Hours Topic Areas VII thru XI _____

Total Required Hours Topic Areas VII thru XI.....59

Total Actual Hours Topic Areas VII thru XI _____

AV and Guest Lecturer Hours not to Exceed.....30

Actual Hours AV _____

Actual Hours Guest Lecturer _____

Total Required Hours I thru XI.....75

Total Actual Hours I thru XI _____

(Including AV and Guest Lecturer Hours)

6. Attestation:

I hereby certify the TCEP for which this approval application is now being made will be conducted in compliance with all applicable federal and state statutes, rules and policies governing TCEPs. I further certify that all information submitted in this application is true and accurate. I have not taught a TCEP that has not been approved by the Ohio Department of Health, nor will I hold a class for this program until it has been approved. I am aware that misrepresentation on this application may result in denial of approval or revocation of existing approval.

Signature of Program Coordinator

Signature of Administrator (Optional)

Date

Date