

**TRAIN-THE-TRAINER PROGRAM APPLICATION FOR REAPPROVAL**

This form is to be used to comply with rule 3701-18-15 of the Ohio Administrative Code (OAC) in applying for re-approval of a train-the-trainer (TTT) program.

**Directions:** *Please review the instructions and submit this application, all supporting documentation and fee of \$600.00 (no later than the 60<sup>th</sup> day prior to the expiration date of the TTT program's initial or most recent re-approval) to the Ohio Department of Health, Accounts Receivable, P.O. Box 15278, Columbus, Ohio, 43215-0278. If you have any questions, please call the NATCEP unit at (614)466-1262.*

I APPLICANT

Program Name: \_\_\_\_\_

Program Approval #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Initial Program Approval Date: \_\_\_\_\_ Last Re-Approval Date: \_\_\_\_\_

Is this program operating under any other names or doing business under a different name? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please list these names and how they are used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions to Program Site (from Columbus):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## II GENERAL INFORMATION

**Directions:** For “Number of Sessions” please convey the actual number of all of the TTT sessions that have been conducted since your last re-approval. For “Number of Participants” please state the total number of participants who took your TTT course in each calendar quarter. The intent is to learn the enrollment distribution for each calendar quarter.

### A. STATISTICAL DATA

1. Number of Sessions: \_\_\_\_\_

2. Number of Participants:

<u>Year</u>	<u>1<sup>st</sup> Quarter</u>	<u>2<sup>nd</sup> Quarter</u>	<u>3<sup>rd</sup> Quarter</u>	<u>4<sup>th</sup> Quarter</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Total number of participants during current approval period: \_\_\_\_\_

B. Describe how this program is advertised. Please submit copies of current advertising material: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## III PROGRAM SUMMARY/EVALUATION

**Directions:** This summary needs to evaluate the program. Please include a summary including the participant’s evaluations of the program as well as the faculty’s evaluations. Describe the measures performed to evaluate the program’s effectiveness and what, if any, changes were made. Please limit these to major changes. The goals and projections for the future are to be what you envision based on your previous experience. Included are two specific areas that may be subject to change: Faculty and Curriculum.

A. Submit an evaluative summary of the program's implementation and outcome, including significant programmatic or administrative changes:

- The methods used to evaluate the TTT program's functioning and effectiveness - summarize the results of those evaluations;
- The TTT program's strengths and weaknesses; and
- The goals and projections for the TTT program for next year.

B. PROVIDE LIST OF CURRENT FACULTY:

- Resumes must have been submitted for each name listed;
- Next to the faculty name listed, please indicate which year(s) the faculty taught.

C. CURRICULUM HOURS:

1. The total number of hours of the TTT program is: \_\_\_\_\_

2. Listed below are the proposed revised required hours for each topic area:

<u>Topic Area</u>	<u>Required Hours</u>	<u>TTT Program Hours</u>
I.	0.5	_____
II.	2.0	_____
III.	3.5	_____
IV.	1.5	_____
V.	4.5	_____
VI.	2.5	_____
VII.	7.5*	_____
VIII.	2.0	_____
TOTAL HOURS	24.0**	_____

3. Please list any major changes to the originally approved curriculum on an attached sheet.

\*At a minimum, 0.5 hours per participant.

\*\*This chart illustrates the number of hours allotted to each topic area including both the classroom and clinical time. Regardless of how you organize your material for the TTT program, you must devote at least the required amount of time to each topic area listed. The difference between the 24 required hours and the total program's 28 hours (4 hours) may be utilized as deemed necessary and appropriate by the faculty. Indicate in the spaces above under which topic area you are adding the 4 hours.

## VII VERIFICATION OF RULE COMPLIANCE

**Directions:** *The pertinent sections of the current rules have been listed for your information and verification. The TTT program verifies that it will comply with all requirements of the law, rules and policies governing TTT programs as follows:*

- The classroom will provide an adequate learning environment (clean, safe, adequate light and space; comfortable temperatures; and adequately equipped with audio/visual aids and other teaching aides). [OAC rule 3701-18-19 (A), (B), (C) and (D)]
- A competency evaluation will be administered, both written and skills, based on evaluative criteria to adequately determine participants competency. [OAC rule 3701-18-21 (C)]
- A training manual will be developed and provided to all participants. [OAC rule 3701-18-21 (D)]
- Performance objectives will be developed that are behaviorally stated and measurable by which competency can be evaluated. [OAC rule 3701-18-21 (B)]
- Records are maintained according to a written policy statement for two years in a confidential manner that is accessible to authorized individuals. [OAC rule 3701-18-20] There are documented policies and procedures on file covering: OAC rules 3701-18-16 (C) (2), (3) and (4) and 3701-18-17 (A), (B), (C), (D) and (E).
- Approved TTT programs shall arrange for individuals to serve as faculty in accordance with all applicable provisions of rule 3701-18-18 of the Ohio Administrative Code.

## V PLAN OF ORGANIZATION AND ADMINISTRATION

**Directions:** *Please include a graphic table of organization as well as a narrative description. We need to be able to see direct lines of responsibility and accountability for the TTT program. This is especially important with larger corporations or educational organizations. If there has not been any change since your last re-approval, just write “no change”.*

Attach a written plan of organization that delineates lines of authority, responsibility and channels of communications for the specific TTT program for which re-approval is being made. (please attach to application)

IX FEE

**Directions:** *A fee of 600.00 is required for re-approval. If you need to obtain a purchase order for a check for payment or if payment will be delayed due to no fault of your own, please include a statement from your accounting or fiscal department. No cash, personal checks or purchase orders are accepted as payment. The re-approval application and fee are to be submitted to Accounts Receivable.*

Check or Money order (#\_\_\_\_\_) made payable to Treasurer, State of Ohio is enclosed.

X ATTESTATION

I hereby certify that the train-the-trainer program for which re-approval is being made will be conducted in compliance with Sections 3721.30 and 3721.31 of the Ohio Revised Code and Chapter 3701-18 of the Ohio Administrative Code. I affirm that all information submitted in this form is true. I am aware of the fact that misrepresentation may result in non-approval or revocation of existing approval.

\_\_\_\_\_  
Signature of Program Administrator

\_\_\_\_\_  
Date