

# Nurse Aide Training and Competency Evaluation Program (NATCEP) Provisional Application Form

This document outlines the application process for nurse aide training programs that are seeking to be approved by MDH as a federal Nurse Aide Training and Competency Evaluation Program (NATCEP).

When an applicant seeks to be approved as a federal NATCEP, they must first complete and submit this form with the following documents to receive a provisional approval:

- instructor qualifications/resume
- current professional license, if applicable.

Provisional approvals will be issued within 90 days of receipt of completed applications. If the applicant fails to demonstrate compliance by the end of six months from the date of the original provisional approval, the application will be closed out as denied and the applicant notified in writing.

Nurse Aide Training and Competency Evaluation Program (NATCEP) approval is valid for two years.

All data submitted in connection with this application shall be public.

## Program Code

Once provisional program approval is granted, the program is notified in writing and provided a unique 5-digit program code.

Public contact information for the program will be posted on the Minnesota Nursing Assistant website when it has been approved at [Nursing Assistant Training Site Directory](https://www.health.state.mn.us/facilities/regulation/directory/natrainingsites.html) (<https://www.health.state.mn.us/facilities/regulation/directory/natrainingsites.html>)

The registry will enter the new training program name, address, program coordinator and program code in the MDH and Headmaster's TestMaster Universe (TMU) databases.

## Instructions and Requirements

1. Complete this form with required information to receive a NATCEP provisional approval.
2. Submit the completed form, instructor qualifications/resume, and current professional license, if applicable, to [Health.NAR.coord@state.mn.us](mailto:Health.NAR.coord@state.mn.us).
3. Applicants that meet minimum requirements for NATCEP provisional approval for training nurse aides by MDH Nursing Assistant Registry will be sent a notification of approval/disapproval electronically.
4. To receive full approval, the applicant must be in full operation and have conducted a NATCEP class **within 6 months**. The initial class must consist of one or more students using the declared curriculum. The program must be a minimum of 75 clock hours including at a minimum of 16 clock hours of supervised practical training in a lab or other setting with a live person.
5. Students completing the class during the provisional approval period are eligible to receive credit for completing an approved program.

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

6. The applicant is to email the registry at [Health.NAR.coord@state.mn.us](mailto:Health.NAR.coord@state.mn.us) for notification of dates and times of the class conducted during the provisional period. MDH will conduct a site visit shortly thereafter to evaluate all requirements including documentation of curriculum instruction and supervised practical training.
7. The applicant will be granted access to Headmaster's TestMaster Universe (TMU) software. The RN instructor must register all students in TMU within 48 hours of starting class.
8. If the applicant demonstrates substantial compliance as a result of the site visit a NATCEP program approval notification will be sent electronically.
9. If the applicant fails to demonstrate substantial compliance, MDH will issue deficiencies in writing. Applicants must demonstrate substantial compliance with these regulations before full approval is granted. If an applicant fails to demonstrate substantial compliance by the end of six months of the provisional approval, MDH will send a notification electronically that the application is closed and denied for the NATCEP program.

Training programs should reference the instructions below and the [Federal Nurse Aide Training and Competency Evaluation Program Resource](https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf) (<https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf>) for federal and state regulations, recommendations, and requirements.

## Training Program Coordinator

All approved training programs must designate a training program coordinator who is responsible to provide, receive and communicate all updates and notices to staff. In addition, the coordinator will receive periodic Nursing Assistant Registry notifications and have access to Headmaster test data.

The training program coordinator is obligated to update the Nursing Assistant Registry and Headmaster of substantive change such as new coordinator and/or contact information.

## Minnesota-Approved Curriculum

Entities seeking training program approval must select an existing approved curriculum within the Nurse Aide Training Competency Evaluation Program (NATCEP) Application Form and Initial Survey. Curriculums that have been approved in Minnesota are located on the Nursing Assistant Registry website at [Minnesota Approved Nurse Aide Training Curriculums](https://www.health.state.mn.us/facilities/providers/nursingassistant/curriculum.html) (<https://www.health.state.mn.us/facilities/providers/nursingassistant/curriculum.html>).

Curriculums approved by MDH must meet federal requirements at [42 CFR 483.152 - Requirements for approval of a nurse aide training and competency evaluation program](https://www.govregs.com/regulations/title42%20chapterIV-i3%20part483%20subpartD%20section483.152). ([https://www.govregs.com/regulations/title42 chapterIV-i3 part483 subpartD section483.152](https://www.govregs.com/regulations/title42%20chapterIV-i3%20part483%20subpartD%20section483.152))

- The program must be a minimum of 75 clock hours, including a minimum of 16 clock hours supervised practical training.
- At least 16 clock hours must be devoted to supervised practical training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or practical nurse.
- Individual refers to an actual person, not a mannequin, for assessing these tasks or skills.

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

Nurse aide training programs are offered in health care facilities, educational institutions, and freestanding sites. A program consists of curriculum instruction and supervised practical training.

- Programs must teach the entire declared curriculum.
- Programs must not use content from other approved curriculums to substitute or interchange for the program's declared curriculum.
- Programs may augment approved curriculum with other materials. Additional materials may be added to supplement or provide additional instruction such as other curriculum modules, videos, textbooks or facility policies and procedures.

Training programs have the option to offer different methods for curriculum instruction and supervised practical training. The specific method is included in the program's approval application.

Programs may provide different options for method of curriculum instruction and supervised practical training; for example, face-to-face or interactive online delivery.

## Supervised Practical Training in Facility Setting

Training programs offering supervised practical training in a facility setting must have a written contract/agreement representing both parties.

Supervised practical training must follow the requirements described in [Federal Nurse Aide Training and Competency Evaluation Program Resource](https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf) (<https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf>) and include the following:

- Cell phone policy
- Equipment listing
- Laboratory equipment and space
- Student skills practice expectations
- Skills with mannequins and live individuals
- Student identification in facility
- Supervised practical training tasks or skills to all genders
- Ratio of instructor to student in facility
- Criminal background study completed prior to supervised practical training in facility
- Tuberculosis screening prior to supervised practical training in facility
- Instructor determines student proficiency prior to providing resident services
- Use of power lifts in facility
- Training programs must be cognizant of resident privacy and abuse when performing supervised practical training in a facility. For example, abuse facilitated or enabled with the use of technology such as cell phone photographs and video.

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

## Application:

Name of Facility/School/Organization: \_\_\_\_\_

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

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

Training Program Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Identify satellite training sites, if any: \_\_\_\_\_

## Curriculum

1. Identify the approved curriculum that the training program will be using: \_\_\_\_\_

\_\_\_\_\_

2. How will the training be delivered?

Traditional / Face-to-face

Online Curriculum

3. Identify setting/facility for supervised practical training: \_\_\_\_\_

\_\_\_\_\_

4. Total Clock Hours: \_\_\_\_\_

## Instructors

### Instructor Qualifications

Onsite visits completed by MDH will include review of the following to ensure approved training and competency programs are meeting the requirements at §483.152: [42 CFR 483.152 - Requirements for approval of a nurse aide training and competency evaluation program.](#)

[https://www.govregs.com/regulations/title42\\_chapterIV-i3\\_part483\\_subpartD\\_section483.152](https://www.govregs.com/regulations/title42_chapterIV-i3_part483_subpartD_section483.152)):

- Current Minnesota registered nurse license to verify Board of Nursing status.
- Resume of licensed nursing experience listing facilities where employed and month/year of employment dates.
- Resume must reflect at least 2 years of nursing experience in the U.S. and at least 1 year of licensed nursing experience in the provision of long-term care facility services in the U.S.

Example: Training program coordinator maintains documentation of instructor qualifications for review at the time of the onsite visit.

Long-term care facilities include nursing homes, boarding care homes and housing with services buildings with home care services (commonly called assisted living facilities) meets this requirement.

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

Licensed nursing experience providing home care services in private homes is not included as long-term care facility services.

Licensed nursing experience may include LPN; however, nurse aide experience is not included.

Identify name(s) of instructor(s) below. Attach resume and verification of current nursing license.

Instructors: \_\_\_\_\_

### **Other Personnel From Health Professions May Supplement Instructor**

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.

Identify names(s) and-qualifications of other personnel below.

Other personnel: \_\_\_\_\_

### **Guest Speakers**

Guest speakers presenting curriculum content must meet qualifications as instructor or other personnel.

- Example: Therapy staff present curriculum content on ambulation, positioning and range of motion.

Guest speakers who speak to their specialty but not curriculum content are acceptable, but time is not counted toward the total 75 hours of the program.

### **Competency Evaluation Exam**

Competency evaluation (including knowledge and skills exam) must be completed and successfully passed by student within 24 months. Students allowed three chances to pass the written and three chances to pass the skills within 24 months. The 24 months are calculated from completion date of a Minnesota approved training program.

MDH contracts with Headmaster to provide the knowledge and skills competency evaluation for placement on the Minnesota Nursing Assistant Registry. The competency evaluation is administered at approved test sites throughout the state.

Students may test at any approved test site. Downloadable candidate handbooks and mock skills are available on the [D&S - Minnesota Nurse Aide \(hdmaster.com\)](http://hdmaster.com) website.

Test site: \_\_\_\_\_

### **Verification Of Information**

I verify the information submitted herein as part of the application for approval of the nurse aide training program by the Minnesota Department of Health is true and accurate.

Training Coordinator Signature: \_\_\_\_\_

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

Date: \_\_\_\_\_

Submit completed application, instructor qualifications/resume, and current professional license, if applicable, to [Health.NAR.coord@state.mn.us](mailto:Health.NAR.coord@state.mn.us).

## Regulations

### **CFR 42 §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 demonstrates 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;*
- (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 §483.154.*

## Federal Regulations, State Statutes and Resources

Nurse Aide Training and Competency Evaluation Program (NATCEP) approval is consistent with the following federal and state requirements.

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

### Federal Regulations:

- [42 CFR 483 Basis and scope - Subpart B-Requirements for Long-Term Care Facilities \(https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#sp42.5.483.b\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#sp42.5.483.b)
- [Guidance for Laws And Regulations/Nursing-Homes \(https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes\)](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes)
- [42 CFR 483.152 - Requirements for approval of a nurse aide training and competency evaluation program. \(https://www.govregs.com/regulations/42/483.152\)](https://www.govregs.com/regulations/42/483.152)
- [42 CFR §483.154 Nurse Aide competency evaluation \(https://www.govregs.com/regulations/42/483.154\)](https://www.govregs.com/regulations/42/483.154)
- [42 CFR §483.35\(d\) Requirement for facility hiring and use of nurse aide \(https://www.govregs.com/regulations/42/483.35\)](https://www.govregs.com/regulations/42/483.35)
- [§483.35\(d\)\(4\) Registry verification \(https://www.govregs.com/regulations/42/483.35\)](https://www.govregs.com/regulations/42/483.35)
- [§483.35\(d\)\(5\) Multi-State registration verification \(https://www.govregs.com/regulations/42/483.35\)](https://www.govregs.com/regulations/42/483.35)
- [§483.35\(d\)\(6\) Required retraining \(https://www.govregs.com/regulations/42/483.35\)](https://www.govregs.com/regulations/42/483.35)
- [§483.35\(d\)\(7\) Regular in-service education \(https://www.govregs.com/regulations/42/483.35\)](https://www.govregs.com/regulations/42/483.35)
- [42 CFR § 483.151 State review and approval of nurse aide training and competency evaluation programs \(https://www.govregs.com/regulations/42/483.151-483\)](https://www.govregs.com/regulations/42/483.151-483)

### State Statutes

- [Minnesota Statute 144A.61 NURSING ASSISTANT TRAINING \(https://www.revisor.mn.gov/statutes/cite/144A.61\)](https://www.revisor.mn.gov/statutes/cite/144A.61)
- [144A.61 NURSING ASSISTANT TRAINING Subd. 3a. Competency evaluation program \(https://www.revisor.mn.gov/statutes/cite/144A.61\)](https://www.revisor.mn.gov/statutes/cite/144A.61)
- [Minnesota Statute 144A.611 REIMBURSABLE EXPENSES FOR NURSING ASSISTANT TRAINING AND COMPETENCY EVALUATIONS \(https://www.revisor.mn.gov/statutes/cite/144A.611\)](https://www.revisor.mn.gov/statutes/cite/144A.611)
- [Minnesota Statute 144A.10 INSPECTION; COMMISSIONER OF HEALTH; FINES \(https://www.revisor.mn.gov/statutes/cite/144A.10\)](https://www.revisor.mn.gov/statutes/cite/144A.10)
- [Chapter 245C, Department of Human Services Background Study Act \(https://www.revisor.mn.gov/statutes/cite/245C\)](https://www.revisor.mn.gov/statutes/cite/245C)
- [Minnesota Statute 144.057 BACKGROUND STUDIES ON LICENSEES AND OTHER PERSONNEL \(https://www.revisor.mn.gov/statutes/cite/144.057\)](https://www.revisor.mn.gov/statutes/cite/144.057)
- [Office of the Revisor of Statutes \(https://www.revisor.mn.gov/\)](https://www.revisor.mn.gov/)

### MDH Resources:

- [Nursing Assistant Registry \(https://www.health.state.mn.us/nar\)](https://www.health.state.mn.us/nar)
- [Federal NATCEP Resource \(https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf\)](https://www.health.state.mn.us/facilities/providers/nursingassistant/docs/trainingresource.pdf)

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) PROVISIONAL  
APPLICATION FORM

- [Regulations for TB Control in Minnesota Health Care Settings](https://www.health.state.mn.us/diseases/tb/rules/healthcare.html)  
(<https://www.health.state.mn.us/diseases/tb/rules/healthcare.html>)

**Other Resources:**

- [US Department of Labor - Bulletin 2011-3](https://www.dol.gov/agencies/whd/field-assistance-bulletins/2011-3) (<https://www.dol.gov/agencies/whd/field-assistance-bulletins/2011-3>)

## **Nursing Assistant Registry Contact Information**

Minnesota Department of Health  
Nursing Assistant Registry  
PO Box 64501  
St. Paul, MN 55164-0501  
651-215-8705  
[Health.NAR.coord@state.mn.us](mailto:Health.NAR.coord@state.mn.us)  
[www.health.state.mn.us/nar](http://www.health.state.mn.us/nar)

2/25/2023

*To obtain this information in a different format, call: 651-201-4200.*