



## Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) Enrollment Agreement (FY 25)

Nurse's Name: \_\_\_\_\_

Nurse's Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Office Telephone: \_\_\_\_\_

### Statements of Assurance

Nurse, Employer and CAH Director, please read and initial all statements of assurance.

Nurse	Employer	CAH Director	
			The nurse will be employed _____ hours per week for completion of ITPCCNC coursework.
			If the nurse's employer is a CAH subcontractor, there is a written agreement with the Title V CAH agency for CCNC services. Name of CAH agency: _____
			The nurse has a business work space, telephone, laptop/computer; access to the Internet, the <i>Prepare Iowa Learning Source site</i> , and an individual business-related email address for communication purposes.
			The nurse's employer supports the <i>Child Care Nurse Consultant (CCNC) Role Guidance: To Achieve Performance Measures and Annual Performance Standards</i> and the nurse will utilize these standards.
			The nurse will satisfactorily complete all assignments as directed by the course syllabus and/or instructor within 3 months. If training cannot be completed within 3 months, the agency will provide rationale and a timeline for completion, not to exceed 6 months.
			The nurse agrees to allow instructors and staff associated with the ITPCCNC to communicate and consult with the nurse's supervisor/employer, preceptors, practicum site staff, and the CAH agency, related to the nurse's performance, progress, and status in the course.

Nurse	Employer	CAH Director	
			The nurse will submit only original, personally authored work, with proper citations for work authored by others. The nurse will not <b>falsify, fabricate, or misrepresent information, citations, data, visits, or communication</b> related to assignments in the course.

Supervisor's Signature	Date
Applicant's Signature	Date
CAH Director's Signature	Date

Return this Enrollment Agreement to Heidi Hotvedt at [heidi.hotvedt@hhs.iowa.gov](mailto:heidi.hotvedt@hhs.iowa.gov)

**Mail payment (\$200) along with a copy of this Enrollment Agreement to:**

Iowa Department of Health and Human Services  
 Attention: Amy Janssen Healthy Child Care Iowa  
 321 E. 12th Street  
 Des Moines, IA 50319