IOWA | Health and Human Services

Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) Enrollment Agreement (FFY 27)

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, and an individual business-related email address for communication purposes. The nurse also has Adobe, PPT and TEAMS
			The nurse's employer supports the **Child Care Nurse Consultant (CCNC) Role Guidance: To Achieve Performance Measures and Annual Performance Standards** 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.

Nurse	Employer	CAH Director	
			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.
			The nurse will submit only original, personally authored work, with proper citations for work authored by others. The nurse will not **falsify, fabricate, or misrepresent information, citations, data, visits, or communication** 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