

**NURSE AIDE EDUCATION PROGRAM WAIVER REQUEST**

**Section I - Completed by Facility Requesting the Waiver**

LTC Facility Requesting the Waiver		
Address		Phone (       )
City	State	Zip

Reason for Waiver Request:

- No other approved nurse aide training program within a reasonable distance from the facility. (Reasonable distance is defined as 30 minutes travel time each way from the facility.)
- Classes not currently being offered at an approved site within a reasonable distance.
- Classes within a reasonable distance are not offered during time frames to meet student and facility needs. Please specify:

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List all NATCEP approved training sites contacted for course availability. Specify date of next course, distance and travel time to each site contacted.

NATCEP Program	Individual Contacted	Training Site	Course Date	Travel Time

Facility Administrator's Signature	Date
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Section II - Completed by NATCEP Course Sponsor

Course Sponsor		
Address		Phone (      )
City	State	Zip

Course NATCEP Program Coordinator's Name	RN/License No.
Course Instructor (if different than program coordinator listed above)	RN/License No.

Is the instructor an employee of the facility?     Yes     No

Course Start Date \_\_\_\_\_ Course Completion Date \_\_\_\_\_

Describe the evaluation process used to determine an adequate teaching/learning environment exists for conducting a course. An evaluation should address adequacy of classroom, availability of equipment and oversight of the clinical component of the course.

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Describe how the course will be evaluated and how the evaluation process will be used to improve future courses.

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At the completion of each course the NATCEP course instructor and students must submit the course evaluations to the Department of Inspections and Appeals, Division of Health Facilities.

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RN Program Coordinator Signature

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Date