

Michigan Department of Community Health
Bureau of Health Professions
Nurse Aide Training Programs
 P.O. Box 30670
 Lansing, Michigan 48909
 (517) 241-0554

ADDENDUM

NURSE AIDE TRAINING PROGRAM

If your program change is not accepted, you will hear from the Department within 30 days. If your program change is accepted, you will receive a letter verifying that the addendum to the NATP has been accepted.

Accepted on: _____

Reviewed by: _____

The Omnibus Budget Reconciliation Act of 1987 created Federal statutory requirements for the establishment of a nurse aide training program, a competency evaluation program, and a nurse aide registry for nurse aides employed in long-term care facilities. As part of the requirements to implement this law, a program must notify the State and the State must review that program when there are substantive changes made to that program. CFR 483.151(d)(2).

Please complete the appropriate sections below and submit this report and any additional required information. Retain a copy of all materials submitted for your own records. Submit the completed form to the Department, at the address listed above, for approval prior to implementing a change in your NATP.

Facility/Program Name:		NATP #:
Street Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number With Area Code:	
Proposed Date of Change:	Date Submitted:	

I. Changes in Program Coordinator (PC) and/or Primary Instructor (PI), Delegated Instructor (DI)

*	For PC/PI submit copy of Train-The-Trainer certificate, current resume, and current Michigan RN license. For DI submit current resume and copy of current Michigan nursing license.	*
A.	_____ New PC Name and Social Security Number _____ Previous PC Name	
B.	_____ New PI Name and Social Security Number _____ Previous PI Name	
C.	_____ New DI Name and Social Security Number _____ Previous DI Name	
Addition to current DI staff? <input type="checkbox"/> YES <input type="checkbox"/> NO		

II. Changes in NATP Classroom/Laboratory/Clinical Site(s):

A. New Classroom Site(s)			
Name of Facility:			
Street Address			
City	State	Zip Code	
Contact Person	Telephone Number w/area code		
Additional Site?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Copy of signed Agreement/Contract required?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

B. New Laboratory Site(s)			
Name of Facility:			
Street Address			
City	State	Zip Code	
Contact Person	Telephone Number w/area code		
Additional Laboratory Site?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Copy of signed Agreement/Contract required?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

C. New Clinical Site(s)			
Name of Facility:			
Street Address			
City	State	Zip Code	
Contact Person	Telephone Number w/area code		
Additional Clinical Site?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Copy of signed Agreement/Contract required?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
Enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

III. Student Policies:

Attach a copy of any policy changes.

IV. Changes in NATP Curriculum Content:

A. Current approved NATP Curriculum in use:

- Michigan Nurse Aide Training Curriculum Model, 1989
 - Alone With ProCare
- Michigan Nurse Aide Training Curriculum Model, 1991
 - Alone With ProCare
- ProCare Curriculum
- Other - briefly describe: _____

B. Proposed curriculum to be used in NATP:

- Michigan Nurse Aide Training Curriculum Model, 1991
- ProCare Curriculum
- Other - briefly describe: _____

***** When sending proposed curriculum content changes, attach a copy of the behavioral objectives for the proposed content changes and complete Section V below.

V. Changes in Hours:

Submit changes in hours for each topic, classroom, laboratory or clinical area that applies to the NATP. Submit a revised Program Schedule and Instructor Schedule that reflects the change in hours. Also Submit a revised Program Calendar reflecting these changes.

Proposed Program Schedule enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Proposed Instructor Schedule enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Proposed Program Calendar enclosed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO