Nursing Care Quality Assurance Commission

 Nursing Education

ncqac.education@doh.wa.gov

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| **Nursing Assistant Alternative Bridge Training Program –****Home Care Aide-Certified Curriculum Verification Requirements** |
| Please check the Box next to New Program or Program Renewal [ ]  New Program [ ]  Program Renewal  |
| **1. Demographic Information** |
| Name of School       |
| Date of Application/Renewal      | Program Number      |
| **2. Curriculum Information** |
| This form is to reference the curriculum you submit with your application. Forms that are completed that reference the textbook will not be accepted. Be sure to check both if a curriculum requirement is met and identify where in the curriculum outline the specific requirement is addressed. Example: Infection Control: Page 7 #2-a,b,c. |
| Requirements | Requirementis met | Identify outline page and location |
| 1. Taking and recording vital signs |       |       |
| 2. Measuring and recording height and weight |       |       |
| 3. Fluid and food intake and output ofclient |       |       |
| 4. Developmental tasks associated with developmental and age specific |       |       |
| 5. Use and care of prosthetic devices |       |       |
| 6. Adequate ventilation, warmth, light and quiet measures |       |       |
| 7. Principles of body mechanics |       |       |
| 8. Reading, writing, speaking and understanding English at the levelnecessary for performing duties of nursing |       |       |
| 9. Healthcare terminology |       |       |
| 10. Recording and reporting observations, actions and information |       |       |
| 11. The scope of practice of nursing assistant-certified |       |       |
| 12. Workers right to know law and theUniform Disciplinary Act RCW |       |       |
| Total number of hours of trainingprogram:       | Number of clinicalhours:       | Number of labhours:       | Number of classroomhours:       |
| Program director signature | Today’s Date |
| Name of training program | Phone (enter 10 digit #) |

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