

Nursing Care Quality Assurance Commission

Nursing Education

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| **Nursing Assistant Alternative Training Program for Medical Assistant – Certified Curriculum Verification of Requirements** | | | | | | | |
| Please check the Box next to New Program or Program Renewal  New Program  Program Renewal | | | | | | | |
| **1. Demographic Information** | | | | | | | |
| Program number | | | | | | Date of application/renewal | |
| Name of school | | | | | | | |
| **2. Curriculum Information** | | | | | | | |
| This form is to reference the competency-based 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. | | | | | | | |
| **WAC 246-841-550 Requirements** | | **Requirement is**  **met** | | | **Identify outline page and location** | | |
| Measurement of vital signs, height, weight, and fluid and food input and output | |  | | |  | | |
| Participation in planning and nursing reporting process | |  | | |  | | |
| Bathing, oral care, and skin care | |  | | |  | | |
| Personal care tasks, appropriate to chronological age and developmental  stage of residents | |  | | |  | | |
| Grooming and dressing. | |  | | |  | | |
| Toileting | |  | | |  | | |
| Eating and hydration including techniques to prevent choking and aspiration and health and sanitation in  food service | |  | | |  | | |
| Basic restorative services | |  | | |  | | |
| Use of assistive devices in ambulation, transferring, eating and dressing | |  | | |  | | |
| Range of motion | |  | | |  | | |
| Turning and positioning | |  | | |  | | |
| Transferring and ambulating | |  | | |  | | |
| Use and care of prosthetic devices | |  | | |  | | |
| Client resident rights and promotion of independence | |  | | |  | | |
| Assistance in getting to and joining in  activities appropriate to chronological age of resident | |  | | |  | | |
| **2. Curriculum Information Continued** | | | | | | | |
| **WAC 246-841-550 Requirements** | | | **Requirement is**  **met** | | **Identify outline page and location** | | |
| Respect for client’s property | | |  | |  | | |
| Use of restraints and acknowledges agency policies that may apply to | | |  | |  | | |
| An environment with ventilation,  warmth, light, and quiet. | | |  | |  | | |
| Rules and regulations including the scope of practice, nursing assistant-certified, the workers right to know law and the Uniform Disciplinary Act including RCW 18.130.180 | | |  | |  | | |
| **3. Final Information** | | | | | | | |
| Total hours of nursing program | Number of clinical hours | | | Number of classroom hours | | | Number of lab hours |
| Program director signature | | | | Date | | | |
| Name of training program | | | | Telephone number | | | |