

Nursing Care Quality Assurance Commission

Nursing Education

ncqac.education@doh.wa.gov

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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 developmentalstage of residents | [ ]  |       |
| Grooming and dressing. | [ ]  |       |
| Toileting | [ ]  |       |
| Eating and hydration including techniques to prevent choking and aspiration and health and sanitation infood 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 inactivities 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      |