



Nursing Care Quality Assurance Commission
 Nursing Education
ncqac.education@doh.wa.gov

**Nursing Assistant Alternative Training Program for Medical Assistant-Certified
 Declaration of Program Director**

I, _____ Program director for _____

certify that I have read and understand the responsibilities of program director in an approved program. I further certify that I will develop and implement a curriculum that meets the requirements of WAC 246-841-420 and WAC 246-841-550 and assume compliance with and responsibility for all regulations as stipulated in WAC 246-841-555. I am responsible for all classroom and clinical training content and instruction.

I will create and maintain an environment conducive to teaching and learning. I will select and supervise all other instructors involved in the course, to include clinical instructors. Instructional staff may assist in development of curriculum, teaching modalities, and evaluation but will in all cases be under my supervision.

I will determine the amount of time required in the curriculum to achieve the objectives, which will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants must hold. I certify that I will notify the Nursing Care Quality Assurance Commission (NCQAC) of any changes in the overall curriculum plan or major curriculum content changes prior to implementation.

I will assure the student clinical experience is directly supervised by me or by an instructor who is observing students performing tasks. I will assure that clinical instructors do not have concurrent duties during the time they are instructing students. I will assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting. I will also assure that students wear nametags that clearly identify them as students or trainees at all times in the interactions with patients, clients, and families.

I will verify that all medical assistants have a valid certification before admission to this alternative program. I will assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course. I will assure that students receive a verification of completion when requirements of the course have been met satisfactorily.

I also agree to any on-site survey of the training program as requested by the Nursing Care Quality Assurance Commission. Any site visits will be on a mutually agreed upon date by the institution and the requesting department and will be coordinated with other on-site reviews/requirements when possible.

I will also notify the Department of Health and the Nursing Care Quality Assurance Commission within 72 hours when I am no longer the program director as listed on this application (Send any changes to DOH and NCQAC at the addresses listed on the top of this form).

Signature of applicant	Today's Date
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