**Program Director Declaration**

**Medical Assistant-Certified Alternative Training Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Program Director for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I have read and understand the responsibilities of program director in an approved program as identified in WAC Chapter 246-841A, and I assume compliance with these regulations.

I certify that I will communicate directly with the Washington State Board of Nursing (WABON, formerly called the Nursing Care Quality Assurance Commission) in all matters regarding the program.

I further certify that I will develop an implementation plan for teaching the common curriculum using a format and instructions provided by WABON. I will create and maintain an environment conducive to teaching and learning. I will select and supervise all instructors involved in the course, including guest lecturers.Instructional staff may assist in development of curriculum, teaching modalities, and evaluation but will in all cases be under my supervision. When the program offers specialty units on the topics of mental health, dementia, and developmental disabilities, I will assure that instructors teaching are approved by WABON to teach these classes prior to teaching them.

I will implement program hours that meet the minimum requirements in [WAC 246-841A-550](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-550&pdf=true); I will do this to support each student's attainment of the professional knowledge, skills, and behaviors of a competent nursing assistant.

In accordance with [WAC 246-841A-420(7),](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true)I certify that I will submit all program change requests on forms provided by WABON and receive approval prior to implementation of the change. Examples of program changes include but are not limited to program personnel, curriculum plan, and program location.

I will ensure that instructor-led clinical training is directly supervised by me or an approved instructor who is on-site at all times to supervise, teach, and evaluate student performance. I will ensure 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. I will also ensure that students wear name tags that always clearly identify them as students or trainees in interactions with patients, clients, and families. For students who complete clinical training through the Nursing Assistant-Registered (NAR) Work Pathway, I will assure the program and the student meet all requirements as indicated in [WAC 246-841A-440(8).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-440&pdf=true)

Prior to admission to this alternative program, I will verify that all medical assistants have current certification as identified in [WAC 246-841A-535](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-535&pdf=true).

Prior to issuing verification of successful course completion, I will ensure and document the competency evaluation of each students' knowledge and skills. Without delay upon each student's successful completion of course requirements I will:

1. issue a certificate of completion on a form provided by the WABON.

(b) provide electronic verification of successful course completion as necessary.

I agree to any in-person or onlineon-site survey of the training program as required by [WAC 246-841A-420(4).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true)

I will notify WABON within 72 hours when I am no longer the program director as listed on this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant** **Date**