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| **Nursing Assistant Training Program Schedule** | | | | | | |
| **Program Name:** |  |  | **Program Director Name:** | |  |  |
| **Program Director Signature:** | |  |  |  | **Date:** |  |
| **Directions** | | | | | | |
| Provide the general program information and then use the weekly calendar template to enter the entire program schedule. Use as many weekly calendar templates as you need. For example, a five-week program requires five weekly calendars. Submit a complete calendar template for each track the program offers. For example, if students have the option to attend a weekday only track or a weekend only track, then you would submit two complete calendar templates (one for each track).  Indicate which lab hours are dedicated for Mock skills (this can be 8 hours after clinical is complete or split into two sessions 4 hours before going to clinical or 4 hours after clinical.)  Include time for Washington State Competency Exam if applicable | | | | | | |
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| **General Program Information** | | | | | | |
| **Days of the Week** | | | | | | |
| Check the days of the week your program will run. | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| **General Program Information**  **Days of the week your program will run (Monday-Friday, Monday-Wednesday-Friday, Saturday and Sunday, etc.):**  Please add your daily/weekly hours carefully for accurate totals in the spaces above and double-check them prior to submitting as calculation errors will delay review of the application. See [WAC 246-841A-440](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-440&pdf=true) for minimum program hour requirements. | | | | | | |
| If a program day is more than 4 hours long, then a 30-minute meal period should be included. Do not count meal periods in the program hours section below. | | | | | | |
| Class/Skills Lab Days | **Start time:** |  | **End time:** |  |  |  |
| Clinical Days | **Start time:** |  | **End time:** |  |  |  |

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| **Program Hours** | |
| Please add your daily/weekly hours carefully for accurate totals in the spaces and double-check them prior to submitting. **Calculation errors will delay review of the application**. **See WAC 246-841A-440 for minimum program hour requirements.** | |
| Number of **class/theory** hours: |  |
| Number of **skills lab** hours: |  |
| Number of **clinical** hours: |  |
| **Total hours: ::\_\_\_\_\_\_\_** |  |

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| **Weekly Program Calendar** |
| Key   * **Unit numbers covered:** Reference your curriculum outline and enter the corresponding unit numbers to indicate the topics you will cover for each day of class and corresponding skills lab. * **Clinical day?** Select yes or no. * **Number of class, skills lab, and clinical hours:** Indicate how many hours of each type for each day of your program. Please leave fields blank if not applicable. * **Note to reviewer:** Use this field to provide necessary clarifications to the WABON reviewer. For example, if hours vary one day, Note Mock skills, or any other communication |

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|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Unit numbers covered** |  |  |  |  |  |  |  |
| **Clinical day? YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** |
| **Number of class hours** |  |  |  |  |  |  |  |
| **Number of skills lab hours** |  |  |  |  |  |  |  |
| **Number of clinical hours** |  |  |  |  |  |  |  |
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| **Clinical day?** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** | **YES/NO** |
| **Number of class hours** |  |  |  |  |  |  |  |
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