



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

Dr. William S. Carver II
Interim President

ALAMANCE COMMUNITY COLLEGE
ASHEVILLE-BUNCOMBE TECHNICAL
COMMUNITY COLLEGE
BEAUFORT COUNTY COMMUNITY COLLEGE
BLADEN COMMUNITY COLLEGE
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& TECHNICAL INSTITUTE
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CARTERET COMMUNITY COLLEGE
CATAWBA VALLEY COMMUNITY COLLEGE
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CENTRAL PIEDMONT COMMUNITY COLLEGE
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COLLEGE OF THE ALBEMARLE
CRAVEN COMMUNITY COLLEGE
DAVIDSON-DAVIE COMMUNITY COLLEGE
DURHAM TECHNICAL COMMUNITY COLLEGE
EDGEcombe COMMUNITY COLLEGE
FAYETTEVILLE TECHNICAL COMMUNITY
COLLEGE
FORSYTH TECHNICAL COMMUNITY COLLEGE
GASTON COLLEGE
GUILFORD TECHNICAL COMMUNITY COLLEGE
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MCDOWELL TECHNICAL COMMUNITY COLLEGE
MITCHELL COMMUNITY COLLEGE
MONTGOMERY COMMUNITY COLLEGE
NASH COMMUNITY COLLEGE
PAMLICO COMMUNITY COLLEGE
PIEDMONT COMMUNITY COLLEGE
PITT COMMUNITY COLLEGE
RANDOLPH COMMUNITY COLLEGE
RICHMOND COMMUNITY COLLEGE
ROANOKE-CHOWAN COMMUNITY COLLEGE
ROBESON COMMUNITY COLLEGE
ROCKINGHAM COMMUNITY COLLEGE
ROWAN-CABARRUS COMMUNITY COLLEGE
SAMPSON COMMUNITY COLLEGE
SANDHILLS COMMUNITY COLLEGE
SOUTH PIEDMONT COMMUNITY COLLEGE
SOUTHEASTERN COMMUNITY COLLEGE
SOUTHWESTERN COMMUNITY COLLEGE
STANLY COMMUNITY COLLEGE
SURRY COMMUNITY COLLEGE
TRI-COUNTY COMMUNITY COLLEGE
VANCE-GRANVILLE COMMUNITY COLLEGE
WAKE TECHNICAL COMMUNITY COLLEGE
WAYNE COMMUNITY COLLEGE
WESTERN PIEDMONT COMMUNITY COLLEGE
WILKES COMMUNITY COLLEGE
WILSON COMMUNITY COLLEGE

Haley Neibes
Administrator
Madison Health & Rehabilitation
345 Manor Drive
Mars Hill, North Carolina 28754

February 17, 2023

Dear Haley:

This letter confirms the provisional registration of your Apprentice Training program with the North Carolina Community College System and ApprenticeshipNC. The effective date of the provisional registration is February 17, 2023.

At the end of your first year of provisional registration, your program will be reviewed for quality and conformity with the requirements of the North Carolina General Statutes § Chapter 115D. Upon completion of the quality assessment review by the apprenticeship consultant, the provisional registration status will change to “permanent” if your program meets the required standards for program registration. If the program fails to meet the required standards, the program may continue in a provisional status or may be deregistered per NC General Statutes § Chapter 115D.

Having successfully completed the provisional registration process places high responsibilities for Nurse Assistant. Part of that responsibility includes operating the program in accordance with the program’s Standards of Apprenticeship and submitting all changes to the Standards to ApprenticeshipNC for approval prior to implementation of the changes. We are confident that you will meet this responsibility.

On behalf of ApprenticeshipNC, we welcome you to the North Carolina training community, composed of over 7,000 individuals involved in training the workforce of tomorrow. An official provisional registration certificate will be delivered as recognition of the program being provisionally registered.

Please accept my personal appreciation for having acted to train our state’s workers through apprenticeship to the high skill level associated with the term of Journey-worker.

Sincerely yours,

Eric Tillmon
ApprenticeshipNC Western Field Supervisor

**ApprenticeshipNC**

North Carolina Community College System
200 W. Jones St., 5001 Mail Service Center
Raleigh, NC 27699-4301
Phone: 919-807-7100
apprenticeshipNC@nccommunitycolleges.edu

Apprenticeship Program Request Form

RA-002206**Madison Health & Rehabilitation****345 Manor Drive****Mars Hill, North Carolina 28754****County: Madison****Location: 345 Manor Drive****Mars Hill, North Carolina 28754****Supervisor: Haley Neibes****Title: Administrator****Email: hniebes@sanstonehealth.com****Telephone: (828) 676-8473****Number of Employees: 75****Program Type: Individual Not Joint****Indenture: N****Workers Compensation: Y****VA Approved: N****Affirmative Action Pledge on File: Y**

31-1131.00 - Nurse Assistant Certified (Nurse Assistant) Status: In Progress**OJL Term: 2000 Total hours****RI Contact Hours: 145****# of Journeyworkers: 20 Quota: 40 Ratio: 2 to 1****Wage Scale: Standard****Journeyworker Rate: \$14.00****Rate Date: 12/05/2022****Interval****Time****Rate****1****2000****\$13.25**

This document may be executed in counterparts, each of which will be deemed an original and all of which will constitute one and the same document. The parties may exchange signature pages electronically or by facsimile, and such signatures will be effective to bind the parties to all the terms contained in this document.

Signature of Sponsor or Representative

Date:

Signature of Apprentice Consultant

Date: 01/24/2023

Signature of Director's Approval

Date:

2/17/2023

Registered Apprenticeship Standards

- ☐ National Program Standards
- ☐ Natl Guidelines for Appr Standards
- ☐ Statewide Apprenticeship Standards
- ☒ Local Apprenticeship Standards

MADISON HEALTH & REHABILITATION

Occupation(s)

Nurse Assistant Certified (Nurse Assistant)

Status: **In Progress**

O*NET Code: **31-1131.00**

RAPIDS Code: **0824CL**

Developed in Cooperation with the
U.S. Department of Labor
Office of Apprenticeship

Approved by the
NC Community College System Office
ApprenticeshipNC

Registered By: Charlie Milling
(For ApprenticeshipNC Use Only)

Signature: Charlie Milling
(Sign here for Apprenticeship Standards)

Title: Apprenticeship Consultant / Coordinator

Date: 2/17/2023

Registration Number: **RA-002206**

Certified By: Eric Tillmon
(For ApprenticeshipNC Use Only)

Signature: Eric Tillmon
(Sign here for Apprenticeship Standards)

Title: Apprenticeship Western Field Supervisor

Approval Date: 2/17/2023

☐ Check here if these are revised standards

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SECTION I – STANDARDS OF APPRENTICESHIP 29 CFR § 29.5

- A. Provisional Registration:** Pursuant to 29 CFR §§ 29.3(g) and (h) and NC General Statutes § Chapter 115D, all new programs registered after December 1, 2010, receive provisional registration approval for one (1) year. At the end of the first year, the Division will evaluate the program for compliance and the program may either receive full recognition, continue in provisional status through the first full training cycle, or be recommended for deregistration procedures if not in operation or not conforming to the regulations during the provisional approval period.
- B. Responsibilities of the sponsor:** *Madison Health & Rehabilitation* must conduct, operate, and administer this program in accordance with all applicable provisions of Title 29 Code of Federal Regulations (CFR) parts 29 and 30, and all relevant guidance issued by the North Carolina Community College System Office and the US Department of Labor (USDOL). The sponsor must fully comply with the requirements and responsibilities listed below and with the requirements outlined in the document "**Requirements for Apprenticeship Sponsors Reference Guide.**"

Sponsors shall:

- Ensure adequate and safe equipment and facilities for training and supervision and provide safety training for apprentices on-the-job and in related instruction.
- Ensure there are qualified training personnel and adequate supervision on the job.
- Ensure that all apprentices are under written apprenticeship agreements incorporating, directly or by reference, these standards and the document "Requirements for Apprenticeship Sponsors," and that meets the requirements of Title 29, CFR part 29.7. Apprenticeship agreements are available upon logging into NCRAN.
- Register all apprenticeship standards with the Registration Agency, ApprenticeshipNC including local variations, if applicable.
- Submit apprenticeship agreements within 45 days of enrollment of apprentices.

- Arrange for periodic evaluation of apprentices' progress in skills and technical knowledge and maintain appropriate progress records.
- Notify ApprenticeshipNC within 45 days of all suspensions for any reason, reinstatements, extensions, transfers, completions and cancellations with explanation of causes.
- Provide each apprentice with a copy of these standards, Requirements for Apprenticeship Sponsors Reference Guide, and Appendix A, any applicable written rules and policies, and require apprentices to sign an acknowledgment of their receipt. If the sponsor alters these standards or any Appendices to reflect changes it has made to the apprenticeship program, the sponsor will obtain approval of all modifications from the Registration Agency, then provide apprentices a copy of the updated standards and Appendices and obtain another acknowledgment of their receipt from each apprentice.
- Adhere to Federal, State, and Local Law Requirements – The State Apprenticeship Agency's registration of the apprenticeship program described in these Standards of Apprenticeship on either a nationwide basis (under the National Program Standards of Apprenticeship) or within a particular State, and the registration of individual apprentices under the same program, does not exempt the program sponsor, and/or any employer(s) participating in the program, and/or the individual apprentices registered under the program from abiding by any applicable Federal, State, and local laws or regulations relevant to the occupation covered by these Standards, including those pertaining to occupational licensing requirements and minimum wage and hour requirements.
- The program's Standards of Apprenticeship must also conform in all respects with any such applicable Federal, State, and local laws and regulations. Any failure by the program to satisfy this requirement may result in the initiation of deregistration proceedings for reasonable cause by the ApprenticeshipNC under 29CFR § 29.8.

C. Minimum Qualifications - 29 CFR §29.5(b)(10)

An apprentice must be at least **16** years of age, except where a higher age is required by law, and must be employed to learn an apprenticeable occupation. Please include any additional qualification requirements as appropriate (optional):

- ☒ There is an educational requirement of : High School Diploma:High School Equivalency
- ☐ There is a physical requirement of _____
- ☐ The following aptitude test(s) will be administered _____
- ☐ A valid driver's license is required.
- ☐ Other _____

(List all other requirements)

D. Apprenticeship Approach and Term - 29 CFR § 29.5(b)(2)

The apprenticeship program(s) will select an apprenticeship training approach. See Appendix A to select approach.

E. Work Process Schedule and Related Instruction Outline - 29 CFR § 29.5(b) (3),(4) and NC General Statutes § Chapter 115D-11.11(4)

Every apprentice is required to participate in related instruction in technical subjects related to the occupation. Apprentices []will [X]will not be paid for hours spent attending related instruction classes. Insert Work Process Schedule and Related Instruction Outline at Appendix A.

F. Credit for Previous Experience – 29 CFR § 29.5(b)(12)

Apprentice applicants seeking credit for previous experience gained outside the apprenticeship program must furnish such transcripts, records, affidavits, etc. that may be appropriate to substantiate the claim. **Madison Health & Rehabilitation** will evaluate the request for credit and make a determination during the apprentice's probationary period.

Additional requirements for an apprentice to receive credit for previous experience [Optional]:

G. Probationary Period – (29 CFR § 29.5 (b)(8) and (20) NC General Statutes § Chapter 115D-11.11(7)

Every applicant selected for apprenticeship will serve a probationary period which may not exceed 25 percent of the length of the program or 1 year whichever is shorter. Insert probationary period at Appendix A.

H. Ratio of Apprentices to Journey workers - 29 CFR § 29.5 (b)(7)

Every apprenticeship program is required to provide an apprenticeship ratio of apprentices to journey workers for adequate supervision. Insert ratio at Appendix A.

I. Apprentice Wage Schedule - 29 CFR § 29.5 (b)(5)

Apprentices must be paid a progressively increasing schedule of wages based on either a percentage or a dollar amount of the current hourly journey worker wage rate. Insert the

progressive wage schedule at Appendix A.

J. Equal Employment Opportunity and Affirmative Action

1. Equal Opportunity Pledge - 29 CFR §§ 29.5(b)(21) and 30.3(c)(1)

Madison Health & Rehabilitation will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40-years old or older.

Madison Health & Rehabilitation will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

[Optional] The equal opportunity pledge applies to the following additional protected bases (as applicable per the sponsor's state or locality):

2. Affirmative Action Program - 29 CFR §§ 29.5(b)(21), 30.4, and 30.10

Madison Health & Rehabilitation acknowledges that it will adopt an affirmative action plan in accordance with 29 Title CFR § 30.4-30.9 (required for sponsors with five or more registered apprentices by two years from the date of the sponsor's registration or by two years from the date of registration of the program's fifth (5th) apprentice). Information and technical assistance materials relating to the creation and maintenance of an affirmative action plan will be made available on the Office of Apprenticeship's website.

3. Selection Procedures - 29 CFR § 30.10

Every sponsor will adopt selection procedures for their apprenticeship programs, consistent with the requirements set forth in 29 CFR § 30.10(b). See Appendix A to enter your selection procedures for each occupation for which the sponsor intends to train apprentices.

K. Complaint Procedures - 29 CFR §§ 29.5(b)(22), 29.7(k), 29.12, and 29 CFR § 30.14

If an applicant or an apprentice believes an issue exists that adversely affects the apprentice's participation in the apprenticeship program or violates the provisions of the apprenticeship agreement or standards, the applicant or apprentice may seek relief. Nothing in these complaint procedures precludes an apprentice from pursuing any other

remedy authorized under another Federal, State, or local law. Below are the methods by which apprentices may send a complaint:

1. **Complaints regarding discrimination.** Complaints must contain the complainant's name, address, telephone number, and signature, the identity of the respondent, and a short description of the actions believed to be discriminatory, including the time and place. Generally, a complaint must be filed within 300 days of the alleged discrimination. Complaints of discrimination should be directed to the following contact:

U.S. Department of Labor, Office of Apprenticeship

200 Constitution Ave. NW, Washington, DC 20210

Telephone Number: (202) 693-2796

Email Address: ApprenticeshipEEOcomplaints@dol.gov

Point of Contact: Director, Division of Registered Apprenticeship and Policy

Attn: Apprenticeship EEO Complaints

2. **Other General Complaints.** The sponsor will hear and attempt to resolve the matter locally if written notification from the apprentice is received within **15** days of the alleged violation(s). The sponsor will make such rulings as it deems necessary in each individual case within **30** days of receiving the written notification. Any complaint described in that cannot be resolved by the program sponsor to the satisfaction of all parties may be submitted to the Registration Agency. Complaints may be filed with the Registration Agency at (To be completed by ApprenticeshipNC):

Name: Kathryn P. Castelloes

Address: 5001 Mail Service Center

Raleigh, NC 27699

Telephone Number: 919-807-6991

Email Address: castelloesk@nccommunitycolleges.edu

L. Registration Agency General Contact Information 29 CFR § 29.5(b)(17)

The Registration Agency is the NC Community College System Office/ApprenticeshipNC. General inquiries, notifications and requests for technical assistance may be submitted to the Registration Agency using the contact information below: (To be completed by ApprenticeshipNC).

Name: Kathryn P. Castelloes

Address: 5001 Mail Service Center

Raleigh, NC 27699

Telephone Number: 919-807-6991

Email Address: castelloesk@nccommunitycolleges.edu

M. Reciprocity of Apprenticeship Programs 29 CFR § 29.13 (a)(7)

States must accord reciprocal approval for Federal purposes to apprentices, apprenticeship programs and standards that are registered in other States by the Office of Apprenticeship or a Registration Agency if such reciprocity is requested by the apprenticeship program sponsor.

Program sponsors seeking reciprocal approval must meet the wage and hour provisions and apprentice ratio standards of the reciprocal State.

SECTION II - APPENDICES AND ATTACHMENTS

- ☐ **Appendix A** – *Work Process Schedule, Related Instruction Outline, Apprentice Wage Schedule, Ratio of Apprentices to Journey-workers, Type of Occupation, Term of Apprenticeship, Selection Procedures, and Probationary Period*
- ☐ **Appendix B** – *Apprenticeship Agreement*
- ☐ **Appendix C** – *Affirmative Action Plan* (Required within two years of registration unless otherwise exempt per 29 CFR §30.4(d))
- ☐ **Appendix D** – *Employer Acceptance Agreement* (For programs with multiple-employers only)

SECTION III - VETERANS' EDUCATIONAL ASSISTANCE AS MANDATED BY PUBLIC LAW 116-134 (134 STAT. 276)

Pursuant to section 2(b)(1) of the Support for Veterans in Effective Apprenticeships Act of 2019 (Pub. L. 116-134, 134 Stat. 276), by signing these program standards the program sponsor official whose name is subscribed below assures and acknowledges to the U.S. Department of Labor's Office of Apprenticeship the following regarding certain G.I. Bill and other VA-administered educational assistance referenced below (and described in greater detail at the VA's website at: <https://www.va.gov/education/eligibility>) for which current apprentices and/or apprenticeship program candidates may be eligible:

- (1) The program sponsor is aware of the availability of educational assistance for a veteran or other eligible individual under chapters 30 through 36 of title 38, United States Code, for use in connection with a registered apprenticeship program;

- (2) The program sponsor will make a good faith effort to obtain approval for educational assistance described in paragraph (1) above for, at a minimum, each program location that employs or recruits an veteran or other eligible individual for educational assistance under chapters 30 through 36 of title 38, United States Code; and
- (3) The program sponsor will not deny the application of a qualified candidate who is a veteran or other individual eligible for educational assistance described in paragraph (1) above for the purpose of avoiding making a good faith effort to obtain approval as described in paragraph (2) above.

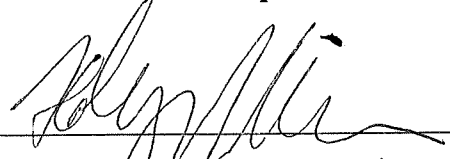
NOTE: The aforementioned requirements of Public Law 116-134 shall apply to "any program applying to become a registered apprenticeship program on or after the date that is 180 days after the date of enactment of this Act" (i.e., September 22, 2020). Accordingly, apprenticeship programs that were registered by a Registration Agency before September 22, 2020, are not subject to these requirements.

SECTION IV - SIGNATURES

OFFICIAL ADOPTION OF APPRENTICESHIP STANDARDS

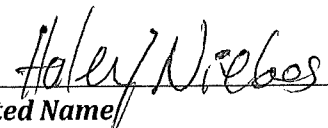
The undersigned sponsor hereby subscribes to the provision of the Apprenticeship Standards formulated and registered by *Madison Health & Rehabilitation*, by the 15th day of November, 2022.

The signatories acknowledge that they have read and understand the document titled "Requirements for Apprenticeship Sponsors Reference Guide" and that the provisions of that document are incorporated into this agreement by reference unless otherwise noted.



Signature of Sponsor (designee)
(Requires Manual Signature)

Signature of Sponsor (designee)
(Requires Manual Signature)



Printed Name

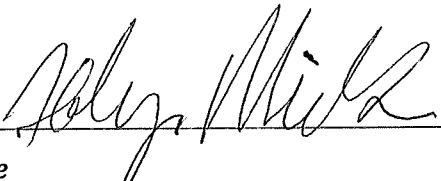
Printed Name

SECTION V - DISCLOSURE AGREEMENT *(Optional)*

ApprenticeshipNC routinely makes public general information relating to Registered Apprenticeship programs. General information includes the name and contact information of the sponsor, the location of the program, and the occupation(s) offered.

In addition, sponsors submitting National Program Standards or Local Standards have the option of allowing ApprenticeshipNC to share publicly the contents of a sponsor's application for registration to assist in building a high-quality National Apprenticeship System. This may include a copy of the Standards, Appendix A, Appendix D (as applicable), but not completed versions of Agreements, or Appendix C "Affirmative Action Plan" because those documents are submitted after a sponsor's application is approved and the program is registered. **Please note that ApprenticeshipNC will consider a sponsor's application as releasable to the public unless the sponsor requests non-disclosure by signing below.**

I, Haley Niebes (*Sponsor Representative*), acting on behalf of **Madison Health & Rehabilitation** request that ApprenticeshipNC not publicly disclose its application, other than general information about the program, as described above as it is considered confidential commercial information and steps are taken to preserve it. Further, I understand that if Apprenticeship receives a request for this application pursuant to 5 U.S.C. 552, we may be contacted to support ApprenticeshipNC's withholding of the information, including in litigation, if necessary. I understand that my request that ApprenticeshipNC not publicly disclose this application will remain in effect, including with respect to subsequent amendments to this application, unless and until I notify ApprenticeshipNC otherwise.


Signature
(Requires Manual Signature)

1/23/23
Date

Haley Niebes
Printed Name

Appendix A

WAGE SCALE, WORK PROCESS SCHEDULE, AND RELATED INSTRUCTION OUTLINE

**Madison Health & Rehabilitation
(RA-002206)**

Nurse Assistant Certified (Nurse Assistant) 31-1131.00 (0824CL)

In Progress

APPRENTICESHIP APPROACH

☐ Time-based ☒ Competency-based ☐ Hybrid

TERM OF APPRENTICESHIP

The term of the apprenticeship is 1 years over 2000 hours of OJL training , and a required 145 hours of Related Instruction **(Note: The competency-based training approach does not require hours.)**

RATIO OF APPRENTICES TO JOURNEYWORKERS

The apprentice to journey-worker ratio is: **2 to 1**

APPRENTICE WAGE SCHEDULE

Apprentices shall be paid a progressively increasing schedule of wages based on either a percentage or a dollar amount of the current hourly journey-worker wage rate, which is:

Standard Wage Scale **\$14.00** per hour Journeyworker rate

Seq	Hours	Rate
1	2000	\$ 13.25

PROBATIONARY PERIOD

Every applicant selected for apprenticeship will serve a probationary period of 500 hours.

SELECTION PROCEDURES

Please enter selection procedures for this occupation:

☒ ***Alternative selection methods***

The sponsor may select apprentices by any other method, including its present selection method, provided that the sponsor meets the requirements listed in 29 CFR § 30.5(b)(4).

☐ ***Selection on basis of rank from pool of eligible applicants***

The sponsor may select apprentices from a pool of eligible applicants on the basis of the rank order of their scores on one or more qualification standards where there is a significant statistical relationship between rank order of scores and performance in the apprenticeship program. The selection of any qualification standards beyond minimum legal working age, the use of oral interviews, the notification of applicants, and the establishment of goals for the admission of

minorities and women (minority and nonminority) into the pool of eligible must proceed in accordance with the requirements of 29 CFR § 30.5(b)(1).

☐ ***Random selection from pool of eligible applicants***

The sponsor may select apprentices from a pool of eligible applicants on a random basis. The method of random selection is subject to approval by the U.S. Department of Labor. Supervision of the random selection process shall be by an impartial person or persons selected by the sponsor but not associated with the administration of the apprenticeship program. The time and place of the selection, and the number of apprentices to be selected, shall be announced. The place of the selection shall be open to all applicants and the public. The names of apprentices drawn by this method shall be posted immediately following the selection at the program sponsor's place of business.

☐ ***Selection from pool of current employees***

The sponsor may select apprentices from an eligibility pool of the workers already employed by the program sponsor or by the sponsor's established promotion policy. The sponsor adopting this method of selecting apprentices shall establish goals for the selection of minority and female apprentices, unless the sponsor concludes, in accordance with the provisions of 29 CFR §§ 30.4(d), (e), and (f) that it does not have deficiencies in terms of underutilization of minorities and/or women (minority and nonminority) in the apprenticeship of journey-worker occupations represented by the program.

DIRECT ENTRY

Sponsors that wish to invoke the direct entry provision may do so without regard to the existing selection procedure or minimum qualifications used for entry into the apprenticeship program. Individuals selected into the apprenticeship program via direct entry shall include only those individuals described below who have received training or employment in an occupation directly or indirectly related to the occupation(s) registered in these standards. The sponsor will award credit for previous experience in accordance with Section XII of these standards and will pay each apprentice at the wage rate commensurate with his or her skill attainment. The credit for previous experience shall be awarded without regard to race, color, religion, national origin, or sex. The methods for direct entry are as follows:

☒ ***Pre-Apprenticeship Program***

An individual who has completed a structured pre-apprenticeship training program that meets the requirements outlined in Training and Employment Notice 13-12, Defining a Quality Pre-Apprenticeship Program and Related Tools and Resources, in any occupational area covered in these standards of apprenticeship and who meets the minimum qualifications of the apprenticeship program may be admitted directly into the program. The candidate shall provide official documentation confirming that he or she fulfilled the specific requirements of the pre-apprenticeship program, such as completion/graduation certificates, transcripts, notarized letters of confirmation, and sworn statements.

☐ ***Veteran with military training in industry***

A military veteran who are registered with the Helmets to Hardhats program or have completed military technical training school and/or participated in a registered apprenticeship program or related occupation while in the military in the occupations registered in the **Healthcare** industry may be given direct entry into the apprenticeship program. The sponsor shall evaluate the military training received for granting appropriate credit on the term of apprenticeship and the appropriate wage rate. The sponsor will determine what training requirements the veteran needs to meet to ensure he or she receives all necessary training for completion of the apprenticeship program. Applicants must submit a DD-214 to verify military training and/or experience if they are a veteran and wish to receive consideration for such training/experience. Entry of military veterans shall be done without regard to race, color, religion, national origin, or sex. ***(Note: This is a method of direct entry into the apprenticeship program.)***

WORK PROCESS SCHEDULE
Nurse Assistant Certified (Nurse Assistant) 31-1131.00

Competency-based Occupation: Please describe competencies required for the apprenticeship (left column and identify an appropriate means of testing and/or evaluating for such competencies (right column).

The term of the apprenticeship is **2000** hours of OJL training .

Description	Hours
Safety is included in all aspects of on the job training	2000
Body Mechanics	
Positioning	
Transfers	
Ambulation	
Safety Measures	
Bed Making	
Vital Signs	
Bed bath, shower, whirlpool lift	
Passes ice, snacks, water, and meal trays	
Meals	
Knows difference and can demonstrate between passive and active ROM	
Resident alerts	
Shift to Shift Report	
Admissions/ transfers/ discharge	
Infection Control Measures	
Linen Change	
Understands Oxygen	
Hearing Aids	
Constipation and BM's	
Understands Alerts	
Residents Risk of Falls	
Changes in Resident and Notification	
Understands ADL Coding	
Thickened Liquids	
Mechanical Lifts	
Door Alarms	
O2 Tanks	
Assignment Groups	
Hydration Plan	
Personal	

RELATED INSTRUCTION OUTLINE
Nurse Assistant Certified (Nurse Assistant) 31-1131.00

Please provide the Related Instruction Outline to include a list of the anticipated courses, the learning objectives, and the estimated number of contact hours for each course or the total minimum number of contact hours for all courses.

Provider:	Asheville-Buncombe Technical Community College
Ttl Min Num of Contact Hrs:	145
Instruction Type:	Classroom;Online
Program Type:	Continuing Education
Program Name:	
Credentials:	Other
Description:	The apprentice will receive the CPR-BLS Certification and be eligible to test as a Nurse Aide I.

Description	Course	Hours
Safety and Anti-Harassment training is included in all aspects of Related Instruction.		
Nurse Aide I		125

Provider:	Madison Health & Rehabilitation
Ttl Min Num of Contact Hrs:	145
Instruction Type:	Classroom;Online
Credentials:	Other
Description:	

Description	Course	Hours
Safety and Anti-Harassment training is included in all aspects of Related Instruction.		
New Hire Onboarding including CPR/ First Aid, Blood Born Pathogen Training, and Anti-Harassment Training.		20

Nursing Assistant Skills Checklist

Date completed_____

Employee _____

- ☐ New hire
- ☐ Annual review
- ☐ Performance Improvement

Verify the following Skills and Understanding. Any employee obtaining a U must be re-educated and re-evaluated by an RN.

S = Satisfactory

U= Unsatisfactory

Skill	Date Reviewed	S or U	Trainer Signature	Comment
Body Mechanics: uses proper body mechanics with transferring and lifting mechanical lift				
Positioning residents: repositions (chair and bed) proper body alignment, uses proper positioning devices, understands pressure areas and how sores develop				
Transfers; bed to chair, chair to bed, chair to commode, commode to chair				
Ambulation: uses gait belt, uses assistive ambulation devices properly				
Safety measures: answers call light efficiently and prompt, uses positioning devices properly if ordered. (rails bolsters etc.) practices proper safety measures				
Bed making; occupied and unoccupied				
Vital Signs; temperature, Blood Pressure, pulse, respirations				
Bed bath, shower, whirlpool, whirlpool lift; cleans up after care per facility policy				
Passes ice, Snacks, water, meal trays according to facility policy and procedure				
Meals: sets up tray for resident, uses assistive devices when needed, assists residents when necessary and ordered				
Knows difference and can demonstrate between Passive and active ROM				
Resident alerts: assignment sheets, documentation necessary - transfer list				
Shift to Shift report: report to charge nurse, what to report to charge nurse				
Admissions/transfers/discharge				
Infection Control Measures: uses good hand hygiene, uses standard precautions, knows various isolation types and measures				
Linen Change: changes and transports according to policy				
Understands Oxygen Safety Measures: proper positioning with resident, when to notify nurse				
Understands importance of and aids residents in properly using/wearing hearing aids and eyeglasses.				

Skill	Date Reviewed	S or U	Trainer Signature	Comment
Understands constipation follows facility policy with reporting and recording BM's				
Understands alerts; knows where they are located				
Understands and recognizes residents at risk for falls, Skin Breakdown, Elopement according to facility policy				
Recognizes changes in resident and when to report to nurse				
Understands ADL coding/recording in Matrix according to facility policy				
Understands and can identify residents on Thickened liquids, process for proper consistency				
Understands and demonstrates proper use of Mechanical lifts: Hoyer, Standard and Adaptive chairs				
Understands door alarms, proper procedure				
Certified in O2 tanks				
Assignment groups				
Understands and implements hydration plan				
Personal				
Other:				
Other:				

Re-Education Documentation

Signature verifies employee had opportunity to demonstrate skill, discuss any questions, and has clear understanding necessary to perform job duties.

Employee Signature _____ Date _____

Trainer Signature _____ Date _____

Director of Nursing Signature _____ Date _____