



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division

NATCEP Recertification Validation Statement

I _____, Program Administrator for _____, attest on this day _____ (date) that I have submitted the following information for our training program conducted at the following sites: (name the site(s) _____). This document is a statement that I believe we are in compliance with the following State and Federal Law requirements and have submitted this information for review to DHS/CTA their designee:

- YES__ NO__ CTA as the DHS designee has received an updated curriculum which includes any changes, handouts, quizzes/tests/exams with answers, assessment forms etc.,
- YES__ NO__ If there has been no change to our training program(s); I have sent CTA a statement verifying that there are no changes.
- YES__ NO__ I have sent CTA a schedule of classes, labs, and clinical practicum with dates, times, and location(s) to be held within the next 12 months or have informed the DHS that the program is currently on hold based on community need.
- YES__ NO__ I understand that any training classes are subject to unannounced visits.
- YES__ NO__ I have sent CTA copies of all instructors current nursing license.
- YES__ NO__ I attest that other non-nurse supplemental health care instructors have at least one year of experience in their field.

If qualifying information was not sent before it is being included with this application.

- YES__ NO__ If any class, laboratory or clinical training site changed within the last year, a new site visit was or will be conducted by CTA nurse and information of changes are attached with this form for review.
- YES__ NO__ All new instructors hired within the past year had been reported to CTA before the class schedule and were observed teaching by CTA or will be before re-certification.
- YES__ NO__ I have updated CTA of any changes in contact details including name of lead contact person, mailing address, phone numbers, fax numbers, and e-mails.
- YES__ NO__ I am aware of the date when the Program Approval ends and will begin re-certification process in a timely manner.

Appendix H

- YES__NO__ I attest that the nursing facility we use has not in the previous two years:
 - operated under a waiver;
 - been subject to an extended (or partial extended) survey;
 - been assessed a civil money penalty of not less than \$5,000;
 - been subject to a remedy to ensure the health and safety of its residents; and
 - pursuant to State action, was closed or had its residents transferred.

This will be verified by CTA when recertification is done.

- YES__NO__ I attest that the training laboratory that we use is designed to simulate the nursing home environment and has the basic equipment found in a resident's room. This have been or will be reviewed by CTA during on site visit.
- YES__NO__ I attest that the classroom environment is safe, comfortable, well lighted and quiet, with a chair and writing surface for each student.
- YES__NO__ I attest that students have been informed of emergency exits and emergency instructions.

(If NO to any of the above, explain or make a statement below):

All these attestation statements are subject to onsite validation by CTA.

Date

Signature

Print Name

Agency/Training Program