# **Option 2 – Nurse Assistant Pre-certification Training Contract**

### The Nursing Facility (SNF or ICF), \_\_\_\_\_

(Facility Name), (Facility Address)

#### The facility agrees to:

- Hire personnel as nursing assistants, who will be enrolled in and subsequently trained by the Department approved NATP named herein.
- Nurse Assistants shall receive normal hourly wages for time spent in an approved training program. To the extent possible, training programs shall be conducted during normal working hours. In circumstances where employees receive training outside of normal working hours, they are entitled to a normal hourly wage for any additional hours worked.

## The NATP provider, \_\_\_\_\_

\_ (NATP Provider Name),

located at	(NATP Provider Address), agrees to
provide all of the Nurse Assistant Pre-certification training	to the nursing facility employees. The Training
Provider certifies that they are currently approved to provide	de Nurse Assistant Pre-certification training under the
Department issued training program ID # (	ID# begins with S or F).

The training program agrees to:

- Provide all of the training, and to be responsible for the training program in its entirety, 22 CCR, §71835(c).
- Conduct training during the normal working hours of the nurse assistant unless the nurse assistant receives at least the normal hourly wage for any additional time spent in the training program, HSC, §1337.5(a)
- > Furnish all staff to teach theory and supervise the clinical training, 22 CCR, §71835(c).
- Provide a minimum of 60 hours of theory training and 100 hours of clinical training, HSC, §1337.1(b).
- Develop the training schedule in coordination with the (SNF or ICF) nursing facility, 22 CCR, §71835(b).
- Provide the nursing facility with a copy of the student record for each student which includes the date and time of training and the name(s) of the qualified instructor(s), 22 CCR, §71835(b).
- > Retain all records for a period of four years from the date that each NATP training class begins, 22 CCR, §71835(b).
- > Make NATP records available for Department inspection for a period of four years, 22 CCR, §71835(I).

### Both parties agree to:

- Comply with all state and federal Nurse Assistant Training Program (NATP) regulations, 22 CCR, §71835(a).
- Ensure that no Nurse Assistants will be charged for any portion of the NATP training including any fees for textbooks or other required course materials, 42 CFR, §483.152(c)(1).

Authorized representatives of each party must sign and date the written agreement in order to validate the contract.

Nursing Facility Administrator Name (Printed)		NATP Owner/Administrator Name (Printed)	
Nursing Facility Administrator (Signature)		NATP Owner/Administrator (Signature)	
Nursing Facility Administrator Email Address	Date	NATP Owner/Administrator Email Address	Date
Nursing Facility Director of Nursing (DON) Name (Printed)		NATP Program Director, RN Name (Printed)	
Nursing Facility DON (Signature)		NATP Program Director, RN (Signature)	
Nursing Facility DON Email Address	Date	NATP Program Director, RN Email Address	Date