

NATCEP Recertification Validation Statement

I, _____, Program Administrator for _____, attest on this day, _____, that I have submitted the following information for our training program conducted at the following sites:

YES NO NA	I have submitted an updated curriculum, due to changes, which includes any changes to content, handouts, quizzes/tests/exams with answers, assessment forms, etc.
YES NO NA	I have submitted any changes in contact details including name of lead contact person, mailing address, phone numbers, fax numbers, and e-mails.
YES NO	I have submitted a schedule of classes, labs, and clinical practicums with dates, times, and location(s) to be held within the next 12 months.
YES NO	I have submitted copies of all instructor's current nursing licenses.
YES NO NA	All new instructors hired within the past year had been reported to CTA before teaching classes or will be observed teaching before re-certification.
YES NO NA	If any class, laboratory, or clinical training site has changed within the last year, the change was reported to CTA beforehand. If not reported, all information related to the changes are attached with this form for review.
YES NO	I understand that any training classes are subject to unannounced visits.
YES NO	I attest that the NATCEP's training laboratory is designed to simulate the nursing home environment and has the basic equipment found in a resident's room.
YES NO	I attest that the nursing facility we use has not in the previous two years: <ul style="list-style-type: none"> • operated under a waiver. • been subject to an extended (or partial extended) survey. • been assessed a civil money penalty 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. I understand that this will be verified when recertification is done.
YES NO	I attest that the classroom environment is safe, comfortable, has adequate lighting, and is quiet, with a chair and writing surface for each student.



YES NO	I attest that all students have been informed of emergency exits and emergency instructions.
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(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