

## Instructor Qualification Review Tool

Objective: Determine whether a NATCEP meets State and Federal curriculum requirements.

The designated RN instructor and all other supplemental instructors, when employed by the NATCEP, must meet the following requirements.

**Name of NATCEP:** \_\_\_\_\_

<b>Primary RN Instructor</b> <input type="checkbox"/> N/A	<b>Met</b>	<b>Not Met</b>	<b>Comments</b>
Name of RN: _____			
Possesses a Hawaii State RN License	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Primary RN Instructor Requirements</b>			
Has at least 2 years of nursing experience	<input type="checkbox"/>	<input type="checkbox"/>	
1 year of which in the provision of nursing facility services.	<input type="checkbox"/>	<input type="checkbox"/>	
Has completed a course in teaching adults or have experience in teaching adults or supervising nurses' aides.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supplemental Instructor</b> <input type="checkbox"/> N/A			
Name/Title of Instructor: _____			
<b>Supplemental Instructor Requirements</b>			
All supplemental personnel, when employed by the NATCEP, must submit proof that they have at least one (1) year of experience in their fields and are currently licensed/certified in Hawaii to practice in their fields.	<input type="checkbox"/>	<input type="checkbox"/>	
Has 1 year of experience in appropriate field	<input type="checkbox"/>	<input type="checkbox"/>	
Possesses a Hawaii State license/certificate in field	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> Primary RN instructor met requirements and was approved <input type="checkbox"/> Primary RN instructor did not meet requirements	<input type="checkbox"/> Supplemental instructor met requirements and was approved <input type="checkbox"/> Supplemental instructor did not meet requirements
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Reviewed by \_\_\_\_\_

\_\_\_\_\_ Date