



Arizona State Board of Nursing
LICENSED HEALTH AIDE (LHA) TRAINING PROGRAM
APPLICATION FOR APPROVAL

PROGRAM INFORMATION			
Name of LHA Program Owner or Sponsoring Institution:			Program Code:
Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Telephone #:			
Website:			

ENTITY		
<p><u>R4-19-901(A)</u> Organization and Administration: An LHA program may be offered only by an entity: 1. Approved by Board 2. Approved by the Arizona Department of Health Services as a medicare-certified home health agency service provider; and 3. That meets the requirements of A.R.S. § 36-2939.</p>		
Approved by Arizona Department of Health Services as a medicare-certified provider?	YES	NO

HOURS		
<p><u>R4-19-902(B)(3)(a)</u> Evidence of program compliance with all of the following: a. Program description that includes the length of the program, number of hours of instruction;</p>		
Length of Program		Hours of Instruction
_____		_____

PROGRAM PERSONNEL	
OWNER	
Name:	
Telephone:	Email:

INSTRUCTORS

R4-19-901(B) Instructor qualifications:

1. An LHA instructor shall:

- a. Hold a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15;
- b. Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under twenty-one years of age.

Applicant Program has confirmed that the following instructors possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care

Please provide the following information for each instructor.

Name (as it appears on license):	RN License #:
Telephone:	Email:
<i>Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under twenty-one.</i>	
YES	NO
Name (as it appears on license):	RN License #:
Telephone:	Email:
<i>Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under twenty-one.</i>	
YES	NO
Name (as it appears on license):	RN License #:
Telephone:	Email:
<i>Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under twenty-one.</i>	
YES	NO
Name (as it appears on license):	RN License #:
Telephone:	Email:
<i>Possess at least two years of direct care nursing experience in pediatrics or medical/surgical care including medication administration, tracheostomy care, and enteral care and therapy for persons under twenty-one.</i>	
YES	NO

ATTESTATION

I hereby certify that I have read this application and further certify that the information provided is true and correct. I also certify that I have read current rules (R4-19-901 and R4-19-902) and understand the requirements and responsibilities of the licensed health aide training program, and the qualifications and responsibilities of the licensed health aide training program instructor.

Program Owner Name (Print)

Program Owner Signature



Arizona State Board of Nursing
LICENSED HEALTH AIDE (LHA) TRAINING PROGRAM
APPLICATION CHECKLIST

Program Owner or Sponsoring Institution Name:	Code:
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R4-19-902. Initial Approval and Renewal of Approval of LHA Training Programs

A. An applicant for initial training program approval shall submit an electronic application packet to the Board at least 90 days before the expected starting date of the program.

B. A program applying for initial approval shall include all of the following in its application packet:

1. Name, address, web address, telephone number, e-mail address and fax number of the program;
2. Identity of all program owners or sponsoring institutions;
3. Evidence of program compliance with all of the following:
 - a. Program description that includes the length of the program, number of hours of instruction;
 - d. A copy of the documentation that the program will use to verify student knowledge and skills;
 - g. A copy of course policies and any other materials that demonstrate compliance with R4-19-901;

C. A program seeking renewal of its approval shall submit an application for renewal containing the information required in this Section at least 90 days prior to the expiration of its current approval.

D. LHA program approvals and renewals shall be for a period of four years.

1. POLICIES		
R4-19-902(B)(3)(g) B. A program applying for initial approval shall include all of the following in its application packet: 3. Evidence of program compliance with all of the following: g. A copy of course policies and any other materials that demonstrate compliance with R4-19-901;		
Rule Citation	Document	Location in Packet (Page# ONLY)
R4-19-901. Standards for Licensed Health Aide (LHA) Training Program D. Competency Examination: An LHA program shall provide to the Board for approval a competency examination that includes a written portion and successful performance of the following skills for persons under twenty-one years of age, and specific to the LHA's singular patient: 1. Nursing assistant skills, 2. Medication administration 3. Tracheostomy care 4. Enteral care and Therapy.	Final Written Competency Exam Effective and Review Dates on Exam	
	Final Skills Competency Exam Effective and Review Dates on Exam	
	Skill Exam Checklist	

2. MISC. PROGRAM REQUIREMENTS

	Document	Location in Packet (Page# ONLY)
	Redacted Student Record (for renewals only)	

3. SYLLABUS

Rule Citation	Document	Location in Packet (Page# ONLY)
<p>R4-19-902. Initial Approval and Renewal of Approval of LHA Training Programs</p> <p>B. A program applying for initial approval shall include all of the following in its application packet:</p> <ol style="list-style-type: none"> 1. Name, address, web address, telephone number, e-mail address and fax number of the program; 2. Identity of all program owners or sponsoring institutions; 3. Evidence of program compliance with all of the following: <ol style="list-style-type: none"> a. Program description that includes the length of the program, number of hours of instruction; d. A copy of the documentation that the program will use to verify student knowledge and skills; g. A copy of course policies and any other materials that demonstrate compliance with R4-19-901; 	<p>Syllabus with Course Description, Course Objectives, Instructor Information, Passing Requirements, Hours & Times of Instruction and Length of Program</p>	
<p>R4-19-901. Standards for Licensed Health Aide (LHA) Training Programs</p> <p>C. Curriculum: An LHA program shall provide a basic curriculum that includes: nursing assistant skills, medication administration, tracheostomy care; and enteral care and therapy for persons under twenty-one years of age.</p>	<p>Curriculum Including: Unit objectives, Unit outline, Learning activities - May use Board template with activities and hours completed by the program.</p>	

4. STANDARDIZED CURRICULUM

<p>R4-19-901(C) Standards for Licensed Health Aide (LHA) Training Programs</p> <p>C. Curriculum: An LHA program shall provide a basic curriculum that includes: nursing assistant skills, medication administration, tracheostomy care; and enteral care and therapy for persons under twenty-one years of age.</p>	<p>Location in Packet (Page# ONLY)</p>
<p>Definition of Licensed Health Aide</p>	

Board-prescribed requirements for certification and re-certification proof of legal presence, allotted time to certify and practice requirement for re-certification	
Train and evaluate LHA in writing and performance of LHA skills	
Ongoing assessments as to the safety of LHA when performing LHA tasks	
Please submit all that are applicable:	
Nursing Assistant Skills:	
Transferring, positioning and ambulation	
Feeding	
Pericare	
Dressing	
Oral Care	
Bathing	
Catheter Care	
Range of Motion	
Vital Signs	
Blood Pressure	
Documentation and reporting of abnormal values	
Medication administration:	
Oral Medications	
Sublingual Medications	
Topical Ointments and Sprays	
Rectal Suppositories	

Respiratory Medications	
Ear Drops	
Eye Drops	
Six Rights of Medication Administration	
Medication Errors and Reporting	
Medication Side Effects	
Tracheostomy Care:	
Suctioning	
Regular cleaning or replacement of inner cannula	
Trach site care	
Dressing Change	
Trach Change- Regular and Emergency	
Enteral Care and Therapy:	
NG Tubes	
G -Tubes	
PEG Tubes	
Jejunostomy Tubes	
Insertion of Tubes	
Syringe Feeding Administration	
Feeding Bag Administration	

Feeding Pump	
Bolus Intermittent Feedings	
Intermittent Feedings	
Continuous Feedings	
Cyclic Feedings	
Formula Types and Preparation	
Complications of Enteral Feedings	
<i>5. THIS SECTION IS FOR INITIAL PROGRAMS ONLY</i>	
	Location in Packet (Page# ONLY)
Implementation Plan	

By signing, I verify this information is complete and true to the best of my knowledge. I have read the rules associated with this document. *I have also verified that each document provided corresponds with the page number in the right hand column of this checklist.*

Program Administrator Name (Print)

Electronic Signature