

NURSE AIDE I TRAINING PROGRAM APPLICATION PACKET

This packet contains forms and general information needed for the Nurse Aide Training (NAT) initial approval. Also, at the bottom of this page you will find our website address for additional information and forms.

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Part I:

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Components of Part I to be returned: Numbers 1-4 – please submit the NAT Application, Signature Page, Statement of Understanding, Faculty Approval Request Form(s), Instructional Resources, and Course Schedule. Numbers 5-14 - please submit required philosophy, objectives, and policy statements along with attachments. Note: Once you have completed Part I, mail to the address above or fax to the number listed above. After your consultant completes the review of Part I, you will be notified.

Part II:

- Instructions for Completing Part II of the Nurse Aide I Training Program Proposal..... Page 17
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Components of Part II to be returned: Numbers 1-3 - Equipment, Supplies/Materials, Physical Classroom and Laboratory – please submit policy statement and narratives with required attachments

The following information can be located on our website (www.ncnar.org):

- [Appendix A \(N. C. State-Approved Nurse Aide I Curriculum\)](#)
- [Appendix B \(N. C. State-Approved Nurse Aide I Curriculum\)](#)
- [Appendix C \(N. C. State-Approved Nurse Aide I Curriculum\)](#)
- [Appendix D \(N. C. State-Approved Nurse Aide I Curriculum\)](#)
- [Clinical Site Approval Request Form](#)
- [Faculty Approval Request Form](#)
- [Faculty Removal Request Form](#)
- [Federal Guidelines](#)
- [Nurse Aide I Frequently Asked Questions](#)

The following information can be located on the N. C. Board of Nursing website (www.ncbon.org):

- [Nurse Aide I Tasks](#)

Nurse Aide I Training Program Approval Requirements

General Instructions

Thank you for your interest in nurse aide training. Your application and proposal for a state-approved program is a two-part process. You will submit Part I for approval and upon notification of that approval, you will complete and submit Part II.

Part I is the portion of the proposal which contains information about how your program will function and how it will be administered. It consists of the following documents and statements:

- Application forms
- Program philosophy
- Policy statements
- Curriculum specifications
- Faculty approval requirements

Instructions for completing Part I of your proposal begin on the next page. Please read the instructions carefully and prior to submission, double check to make sure that all requested information is included in your documentation. If you decide to submit, mail your completed Part I to: DHSR/CARE, 2709 Mail Service Center, Raleigh, NC 27699-2709 or fax to 919-733-9764.

Once Part I of your proposal is received, your regional consultant will complete a review and to ensure that your documents and policies are in compliance with the Federal Regulations governing nurse aides, the State Guidelines, and the N.C. Board of Nursing tasks for nurse aides. It will also be determined if your program proposal meets standards of educational excellence. You may contact your regional consultant at any point in your submission process for guidance and advice. View contact information for your regional consultant at <http://www.ncdhhs.gov/dhsr/hcpr/consultants.html#educonsult>.

Once Part I is approved by your regional consultant, you will be notified to submit Part II for approval. Please allow 90 days for Part I to be approved. You are strongly encouraged NOT to rent space, nor purchase equipment and supplies, until you have been notified that Part I is approved.

Part II is the portion of the application which contains information describing your planned classroom and lab, physical plant, equipment supplies and materials that you will use. It will contain your:

- Policy Statement for Equipment, Supplies/Material list
- Narratives and Diagrams of classroom and laboratory

Please read the instructions carefully and double check to make sure prior to submission that all requested information is included in your documentation. Mail your completed Part II to: DHSR/CARE, 2709 Mail Service Center, Raleigh, NC 27699-2709 or fax to 919-733-9764.

Once received, your regional consultant may request a site visit appointment with you for review of your physical plant. Please note that both Part I and Part II must be finalized in order for your program to be approved.

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal

Part I - Please review these instructions carefully and double check to make sure that what you submit for approval contains all requested information. Feel free to contact your regional consultant at any time if you need additional help. Please use Part I of the **Nurse Aide I Training Program Proposal Form** as you develop your policies for your program. When required to write statements, please be brief and concise.

Each of the following sections is required to be completed and submitted with Part I. Where requested, appropriate attachments should be included. Incomplete submissions will be returned/denied. If that occurs, you will have 90 days to resubmit your application.

1. Complete the forms listed below. Answers should be legible. Fill in all blanks as requested and check appropriate boxes on the following forms:
 - Nurse Aide I Training Program Proposal Form
 - Signature Page
 - Statement of Understanding
 - N.C. Community College System Office contact date (for proprietary schools)
2. Faculty Approval Request Form(s) – Specific requirements are in place for Nurse Aide I training faculty. These requirements are listed on the **Faculty Requirements** page included in this packet. Carefully review the criteria specified, ensure that all faculty meets the stated criteria, and plan accordingly. Complete and attach a **Faculty Approval Request Form** (available at www.ncnar.org) for each planned faculty member.
3. Instructional Resources – On the form entitled **Instructional Resources**, list your audiovisuals, textbooks, and workbooks. Resources should be less than 5 years old. Examples of audiovisuals may include, but not be limited, to the following:
 - Videos, videoclips, DVDs
 - Computer-assisted instruction
 - Online interactive programs
 - Power Point presentations
4. Course Schedule – Complete the chart labeled **Course Schedule** included in this packet of information. A sample of this chart is included for you to use as a guide when completing your course schedule. The information in this chart needs to include all of the following items listed below.
 - The unit number/name of the State-approved Nurse Aide I curriculum content for a given day for each course day
 - The number of class, lab, and clinical hours rounded to the nearest 15 minutes
 - The same total number of hours listed on the application page
 - Only the time spent in actual teaching (classroom, lab and clinical experiences) with no breaks and meals included
 - A minimum of 16 hours of training prior to any direct contact with a resident in the areas of communication and interpersonal skills, infection control, safety/emergency procedures (including relief of choking), promoting residents' independence, and respecting residents' rights. This information can be found in the State Curriculum in Units 2, 3, 4, 5, 8, 9 and 13.
 - Quizzes, tests, exams

Note: The units can be taught in any educationally sound order which includes the guidelines mentioned above.

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal Con't.

5. Program Philosophy - Write a brief statement that addresses what your program plans to accomplish and why.
6. Program Objectives – How do you plan to implement your program philosophy? Develop program objectives which address this question and write these objectives in measurable terms. Objectives should be consistent with your program philosophy statement.
7. Supplemental Teaching Methodologies – List or briefly describe the teaching strategies planned for use in addition to lecture. Examples may include types of audiovisuals, cooperative learning, individual or class projects, group presentations, etc.
8. Faculty Orientation and Inservice - Describe your plan to orient and inservice program faculty. This documentation must be maintained and available for review. At minimum, your plan should include orientation/inservice training for all three situations listed below.
 - Approved program policies upon hire and at least annually
 - State-approved curriculum upon hire and at least annually
 - New directives and program changes from DHSR as soon as they are released
9. RN Supervision and Instructor/Student Ratios - Write a brief policy statement describing BOTH of the following:
 - How you will meet the requirement that nurse aides be under the direct supervision of an approved RN instructor?
 - Describe your planned instructor-to-student ratios for classroom, laboratory, and clinical.

Note: The N.C. State Board of Nursing requires a ratio no more than 1 instructor to 10 students in the clinical setting.

10. Identification of a Trainee – Write a brief policy statement describing how you will ensure that students wear a nametag with the word “trainee” or “student” after the student’s name during the clinical experiences.
11. Student Identification – Write a brief policy statement describing how each student’s identity will be verified and documented. Appropriate methods may include, but are not limited to:
 - School picture ID
 - Employee ID
 - Government Issued ID

Note: Two forms of official signature-bearing identification are required for nurse aide testing. One must be a photo ID and the other must be a U.S. government-issued Social Security card.

Instructions for Completing Part I of the Nurse Aide I Training Program Proposal Con't.

12. Monitoring/Maintenance of Student Records - The Program Coordinator should continuously monitor student records for accuracy. Write a brief policy statement to describe your student record monitoring system AND where/how these records will be maintained. At minimum, all of the following documents should be maintained in the student records:

- Completed Appendix A from the State-approved NAI curriculum
- Completed Skill Performance Checklists (optional)
- Attendance records to include dates of absences, material/clinical experience missed and dates of make-up
- Tests or answer sheets labeled with test version
- Test scores
- Verification of student identity and documentation

Note: Student records should be maintained for a minimum of three years in a locked area and must be available to DHSR upon request.

13. Attendance – Write a brief absentee policy statement which clearly states how many, if any, absences are allowed in your program. State absences in hours. Policy should also include the documentation of dates work is made up.

- Absences are stated in hours
- How absences are documented
- How missed work (classroom, lab, clinical) will be made up

Note: All missed classroom, laboratory, and clinical experiences must be made up for the student to successfully complete your nurse aide program.

14. Student Grading/Proficiency Policy – Write a brief policy statement which describes the minimum theory passing grade, how it is derived, AND the passing grade for the lab/clinical components of the course. The following information will be helpful in the development of this policy:

- To pass the practical (laboratory and clinical) component of your nurse aide program, the student must be proficient in demonstrating all sixty-nine (69) skills.
- Proficiency is defined as the ability to perform a skill in a competent and safe manner.
- You must develop your own skill performance steps/checksheets. You may use those found in a text or a combination of both.
- One checklist per skill is required.
- Program faculty should decide which steps of each skill must be performed to pass the skills and which steps might be missed and the student still pass the skill. These criteria should be written as a proficiency statement to be included in your Student Grading/Proficiency Policy.
- References for approved skill checklists should be available.
- Master checklists must be kept in records.
- Refer to Appendix C for development of the skills checklist.

Note: Students must be proficient in the laboratory prior to the clinical experience.

NURSE AIDE I TRAINING PROGRAM APPLICATION

Note: Please complete all appropriate blanks. Incomplete forms will be returned.

Facility/School:	
Mailing Address:	
Site Address:	
Telephone #: ()	Fax #: ()
E-mail Address:	

Note: If you are not a community college or long term care facility, please contact the N.C. Community College System Office (http://www.nccommunitycolleges.edu/Proprietary_Schools/index.html) to secure licensure information.

Specify Curriculum Type:		
<input type="checkbox"/> State	<input type="checkbox"/> State Online	<input type="checkbox"/> Other/Specify: _____
No. of Classroom Hours: _____	No. of Online Hours: _____	No. of Lab Hours: _____
No. of Clinical Hours: _____	Total Hours: _____	
Community Colleges only (check one):	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Curriculum
If a program number has been previously assigned by DHSR, please list here _____ (one program number per form).		

I certify that the information in this application, including attachments, accurately represents the Nurse Aide I Program for which the North Carolina Division of Health Service Regulation approval is being requested.

Signature of Program Coordinator	Date
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Signature of Administrator	Date
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FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE	
Program # Assigned: _____	Date application received: _____
Nurse Aide Training Program approved: _____	Effective Approval Date: _____
Additional Information:	
Education Consultant Signature:	Date:

CLINICAL SITE #1

Name of Facility:

Address:

Telephone Number: ()

CLINICAL SITE #2

Name of Facility:

Address:

Telephone Number: ()

CLINICAL SITE #3

Name of Facility:

Address:

Telephone Number: ()

CLINICAL SITE #4

Name of Facility:

Address:

Telephone Number: ()

CLINICAL SITE #5

Name of Facility:

Address:

Telephone Number: ()

CLINICAL SITE #6

Name of Facility:

Address:

Telephone Number: ()

SIGNATURE PAGE

(Name of College, School, or Agency)

(City)

Prepared By

(Signature and Title of Individual Preparing the Document)

(Printed Name and Title of Individual Preparing the Document)

Approved By

(Signature of Program Coordinator)

(Printed Name and Title of Program Coordinator)

(Signature of College/School/Agency Administrator)

(Printed Name and Title of College/School/Agency Administrator)

(Date)

STATEMENT OF UNDERSTANDING

I certify that this program meets the requirements set forth by federal regulations and will be implemented as described in this proposal. I understand that all substantive changes to the program, including curriculum, faculty, classroom, lab, and clinical sites, must be approved by the Division of Health Service Regulation (DHSR) prior to implementation.

I understand that approval to offer this program is based on our agency using the State-approved curriculum and adhering to the policies approved by DHSR as part of this approval. I further understand our agency may be required to make modifications to this program as requested by DHSR. Modifications made by the State to the State-approved curriculum and provided to our agency will be incorporated into the currently approved program under which our agency operates.

I understand DHSR may withdraw approval of this nurse aide training program if it determines that the program does not meet federal or state requirements. I further understand that DHSR will withdraw approval of this nurse aide training program if the entity administering the program refuses to permit unannounced visits by the State. I understand that announced and unannounced site visits may be made.

I certify that program files and student records will be kept in a secure location and made available to DHSR upon request.

(Signature of College/School/Agency Administrator)

(Date)

Proprietary School Programs Must Complete this Section:

I have obtained and read the Inquiry Packet from the N.C. Community College System, Office of Proprietary Schools. I submitted the Preliminary Application to that agency on _____ with the intent to obtain licensure.

(Signature of Administrator)

(Date)

FACULTY REQUIREMENTS

All Nurse Aide I Training (NAT) faculty must meet the criteria as specified below. Please use the information on this check list to evaluate potential faculty. Complete the **Faculty Approval Request Form #DHHS/DHSR/HCPR-8** for each member of your nurse aide faculty.

The form can be found on our website: www.ncnar.org.

PROGRAM COORDINATOR

REQUIREMENTS
1. <input type="checkbox"/> The applicant is a registered nurse with an unencumbered license.
2. <input type="checkbox"/> The applicant is licensed to practice in North Carolina.
3. <input type="checkbox"/> The applicant has at least two (2) years of work experience as a registered nurse (4000 hours).
4. <input type="checkbox"/> The applicant has at least one (1) year (2000 hours) of RN experience in the provision of long term care facility services demonstrated by: a. working in a long term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital, or b. supervising or teaching students in a long term care facility licensed as a skilled nursing facility or a skilled nursing facility which is a distinct part of a hospital.

PRIMARY OR ADDITIONAL INSTRUCTOR

REQUIREMENTS
1. <input type="checkbox"/> The applicant is a registered nurse with an unencumbered license.
2. <input type="checkbox"/> The applicant is licensed to practice in North Carolina.
3. <input type="checkbox"/> The applicant has at least 2 years of work experience as a registered nurse (4000 hours).
4. <input type="checkbox"/> The applicant meets at least one of the following: a. completion of a course in teaching adults, b. experience in teaching adults, or c. experience in supervising nurse aides.

INSTRUCTIONAL RESOURCES

The Videos/CDs/DVDs listed below will be used as instructional resources.

Name of Video/CD/DVD	Production Year	Name of Company	Run Time (minutes)

The instructors will use the following computer-assisted and/or online instruction as supplemental instructional resources:

Name of Program	Production Year	Name of Company	Run Time (minutes) (if applicable)

The instructors will use the following textbook(s) and workbook(s):

Text/Student Workbook	Author	Publisher	Edition/Year of Publication

SAMPLE COURSE SCHEDULE FORMAT

Day	State-approved Curriculum Unit Name and Number	Minutes for Audio/Visuals	Class Hours	Online Hours	Lab Hours	Clinical Hours
1	Unit 1 Introduction to Health Care		1		0	0
	Unit 2 Communication and Interpersonal Skills		1	3	0	0
	Unit 3 Infection Control	"Standard Precautions" (15")		4	1	0
2	Quiz #1 & Quiz Review		0.5		0	0
	Unit 4 Safety & Emergency Procedures		0	3	1	0
	Unit 5 Ethical & Legal Issues		0	2	0	0
9	Clinical Day 1		0		0	6
ETC. ↓	ETC. ↓	ETC. ↓	ETC. ↓		ETC. ↓	ETC. ↓
24	Final Exam & Review		2		0	0
TOTALS →						

Include the total in hours for each column at the end of the schedule. These totals **MUST** be the same as those found on the Nurse Aide I Training Program Application (page 7) of the program proposal.

Notes:

- This schedule is for Nurse Aide I Training only.
- Refer to #4 on **Instructions for Completing Part I of the Nurse Aide I Training Program Proposal** (page 2).
- Use day designations as noted in sample. Do not use actual dates (ex: not "October 1").
- Do not include days for vacation, breaks, book chapters or page numbers. This is a generic schedule.
- Check to see that a disproportionate amount of time is not taken up with audio/visuals. Audio/visuals should not replace instructor time.

SAMPLE SKILLS CHECKSHEET

Developing Your Appendix B
Skills Checksheets Format Example

See example below for the format to use when developing your skills checksheets. One checksheet for each of the 69 required skills should be developed. Once completed and approved by your faculty, students should have a copy readily available for study and practice. These checksheets should always be used when checking the students for proficiency in a given skill before the student goes to clinical to perform this skill. Faculty should decide which steps must be performed to pass the skills and which steps might be missed and the student still pass the skill. A statement as to this decision should be included in #14 found under Student Grading/Proficiency Policy - **Instructions for Completing Part I of the Nurse Aide I Training Program Proposal.**

EXAMPLE

WASHES HANDS

- ____ 1. Address client by name and introduces self to client by name
- ____ 2. Turns on water at sink
- ____ 3. Wets hands and wrists thoroughly
- ____ 4. Applies soap to hands
- ____ 5. Lathers all surfaces of wrists, hands, and fingers, producing friction for at least 15 (fifteen) seconds
- ____ 6. Cleans fingernails by rubbing fingertips against palms of the opposite hand
- ____ 7. After lathering for at least 15 seconds, rinses all surfaces of wrists, hands, and fingers keeping hands lower than the elbows and the fingertips down
- ____ 8. Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers then disposes of paper towel into waste container
- ____ 9. Uses clean, dry paper towel to turn off faucet then disposes of paper towel into waste container or uses knee/foot control to turn off faucet
- ____ 10. Does not touch inside of sink at any time

RN Evaluator Signature:	Date:
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Pass or Fail (please circle one)

Instructions for Completing Part II of the Nurse Aide I Training Program Proposal

Part II—When you receive notification that Part I of your proposal is approved, you will be instructed to submit Part II of your Nurse Aide I Training Program Proposal.

1. Equipment, Supplies/Materials – Write a brief policy statement which confirms that your program will supply the required equipment, materials/supplies, and that these will be available in working order for student use. Please refer to the **Basic Equipment List**, included in this proposal packet. This list includes all equipment, materials and supplies needed to successfully perform all sixty-nine (69) required skills. Attach a copy of this list indicating it is the list you plan to use.

Note: If you attach a different equipment list deleting some of the required equipment, please explain how students will be able to demonstrate proficiency in each skill without the necessary equipment.

2. Physical Classroom Environment – Write a brief narrative description of your planned classroom and attach a drawing/diagram. The narrative AND the diagram need to include, at minimum, all items in the list below.
 - Room dimensions
 - Square footage
 - Physical layout of room
 - Teaching equipment
 - Student tables/chairs/desks

Note: The drawing/diagram can be pencil, ink, and/or computer-generated. Make sure that the items above are labeled on this diagram.

3. Physical Laboratory Environment - Write a brief narrative description of your planned laboratory and attach a drawing/diagram. The narrative AND the diagram need to include, at minimum, all the items in the list below.
 - Room dimensions
 - Square footage (at least 100 sq. feet for one bed or at least 80 sq. feet per bed for two or more beds)
 - Physical layout of room
 - Resident bed(s)
 - Bedside table(s)
 - Over-bed table(s)
 - Full suspended privacy curtains for each bed
 - Call signal(s)
 - Other furniture or materials
 - Sink(s) with hot and cold running
 - Chairs

Note: The drawing/diagram can be pencil, ink, and/or computer-generated. Make sure that the items above are labeled on this diagram.

Part II Nurse Aide I Training Program Proposal Form

Complete this page by following the corresponding directions from the preceding pages, entitled **Instructions for Completing Part II of the Nurse Aide I Training Program Proposal**. In the space provided, write your policy statement or narrative. Attach the necessary list/diagrams placing a checkmark (✓) in the corresponding box.

1. Equipment, Supplies/Materials

Equipment list attached

2. Physical Classroom Environment

Diagram attached

3. Physical Laboratory Environment

Diagram attached

Signature:	Date:
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Basic Equipment List
Nurse Aide I Training Program
Revised May 22, 2007

Simulated Resident Unit

Bedside chair	1 per bed
Bedside commode	1 per unit
Bedside stand	1 per bed
Call signal	1 per bed
Hospital bed with rails, functioning	1 per 10 students
IV pole with IV bag/tubing	1 per bed
Overbed table	1 per bed
Paper towel dispenser/soap	1 per sink
Privacy curtain (not screen)	1 per bed
Sink with hot and cold running water	1 per unit

Bedding

Bedsread	2 per bed
Blanket	2 per bed
Bottom sheet (flat or fitted)	6 per bed
Dirty laundry container	1 per bed
Drawsheet	6 per bed
Incontinence pads	5 per bed
Mattress pad	2 per bed
Pillows	5 per bed
Top sheet	6 per bed

Oral Care Supplies

Dental floss	1 yard per student
Denture cleaning tablets	1 box per bed
Denture cup	1 per bed
Dentures	1 per bed
Mouthwash	1 bottle per bed
Paper cups	as needed
Prepared swabs/Toothettes	20 swabs per 10 students
Straws	1 box per bed
Tissues	1 box per bed
Tongue blade	1 per student
Toothbrush	1 per student
Toothpaste	1 tube per bed
Water soluble lubricant	disposable packets as needed

Personal Care Supplies

Bath blanket (or equivalent)	4 per 10 students
Bath thermometer	1 per program
Bath towel	1 per student
Bedpan	1 per bed

Personal Care Supplies (Con't.)

Deodorant	1 per bed
Emesis basin	1 per bed
Hair dryer	1 per unit
Hairbrush and comb	1 per student
Lotion	1 bottle per bed
Nail clippers	5 per 10 students
Nail file or emery board	5 per 10 students
Orangewood sticks	1 per student
Periwash	1 bottle per bed
Razor	1 per bed
Shaving cream	1 per bed
Soap with dish	1 per bed
Urinal	1 per bed
Wash basin	1 per bed
Washcloth	1 per student
Water pitcher	

Assistive Devices

Cane	1 per 10 students
Crutches	1 per 10 students
Feeding devices	2 sets per 10 students
Gait belt	5 per 10 students
Walker	1 per 10 students
Wheelchair (with removable footrests)	1 per 10 students

Training Manikins

Manikin (CPR & supplies)	1 manikin per 10 students, individual supplies for each student
Manikin (functionally & anatomically correct)	1 per 10 students

Vital Signs Equipment

Blood pressure: manual (aneroid or mercury)	5 per 10 students
Mercury spill kit if using mercury equipment	1 per program
Stethoscope	5 per 10 students
Stethoscope (teaching)	1 per instructor
Thermometer (non-mercury glass oral)	5 per 10 students
Thermometer (non-mercury glass rectal)	5 per 10 students
Thermometer sheaths	as needed

Standard Precaution/Isolation Supplies

Alcohol wipes	as needed	
Disposable gloves (clean, include non-latex)		as needed for skills practice
Face mask		1 per student
Goggles		1 per student
Isolation gown		1 per student
Trash/biohazard bags		as needed for skills practice

Prosthetic Devices

Eye glasses	1 per program
Hearing aid	1 per program

Miscellaneous Supplies

Adult diapers	as needed for skills practice
Clothing for men & women (assorted)	as needed for skills practice
Condom catheter	1 per student
Elastic bandage	2 rolls per 10 students
Elastic stockings (thigh & knee)	2 pairs of each per 10 students
Enema kit	1 per student
Foley catheter and urinary drainage bag	1 per manikin
Graduated specimen container	1 per student
Ice bag	1 per 10 students
Non-skid footwear	as needed for skills practice
Non-sterile dressings	40 per 10 students
Restraints (jacket, wrist, ankle, mitt, safety belt, gauze, tape, roller bandage)	1 of each per 10 students
Socks	as needed for skills practice
Specimen container	5 per 10 students
Tape	3 rolls per 10 students

Miscellaneous Equipment

Clothing protector for meals	1 per bed
Eating utensils and napkins	as needed for skills practice
Fire extinguisher	1 per program
Food (three varieties) and beverage (water)	as needed for skills practice
Food coloring	as needed for skills practice
Meal tray	1 per bed
Scales, standing with height bar	1 per program
Sitz bath (built-in or disposable)	1 per program
Stretcher	1 per program
Wastebasket with paper or plastic liner	1 per bed

Optional Items/Equipment

Electronic sphygmomanometer	5 per 10 students
Gerichair	1 per program
Lift (mechanical)	1 per program
Scales (bed)	1 per program
Scales (chair)	1 per program
Thermometer (electronic)	1 per 10 students