

Montana Department of Public Health and Human Services
Quality Assurance Division
Nurse Aide Registry
PO Box 202953, Helena MT 59620-2953
Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>
Phone: 406-444-4980

Nurse Aide Training Program Application

Complete this application and checklists and submit to:
Certification Bureau/Nurse Aide Registry
PO Box 202953
Helena MT 59620

The Certification Bureau has 90 days to respond to your application.
Questions regarding the application process can be emailed to the [Nurse Aide Registry](#).

Name of Program: _____

Program Address: _____

Phone Number: _____

Name of Facility: _____

Name of Program Coordinator: _____

Name of Curriculum/Textbook: _____

Classroom Hours: _____

Clinical Hours: _____

Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>

Phone: 406-444-4980

Nurse Aide Training Program/Home Health Aide Training Program Application Checklist

- All items on the checklist, unless marked if applicable, are mandatory
- Completed Application Checklist must be included with application

- Nurse Aide Training Program/Home Health Aide Training Program Application
- Program Coordinator Application
- Clinical Instructor(s) Application
- Supplemental Instructors(s) Application – if applicable
- Home Health Aide Instructor Application – if applicable
- Copy of Curriculum/Textbook
- Class Schedule
- Core Curriculum Requirements Checklist

Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>

Phone: 406-444-4980

Nurse Aide Training Program/Home Health Aide Training Program Core Curriculum Requirements Checklist

- All requirements listed are mandatory
- Core Curriculum Requirements Checklist must be included with application.
- In the space provided, list the week the requirement will be taught and the corresponding chapter of the curriculum/textbook.

Role and responsibility of the nurse in long term care

- Professional appearance and conduct _____
- Confidentiality _____
- Interpersonal relations _____
- Chain of command _____
- Team approach to care, care planning and discharge planning _____
- Recognizing the physical and emotional changes of aging _____
- Understanding your attitude, the resident's attitude and family attitude toward the aging process _____
- Medical Terminology _____
- Reporting and charting _____

Basic rights and needs

- Rights of residents - including Montana residents' rights _____
- Resident abuse, neglect, and misappropriation of property -including Montana Elder Abuse Act _____
- Legal and ethical issues _____
- Residents' records _____
- Basic human needs -physical, emotional, social, sexual _____
- Spiritual Needs _____

Communication

- How to communicate _____
- How to listen _____

Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>

Phone: 406-444-4980

- Body language _____
- Communicating with residents who have specific programs - speech and hearing disabilities, cognitive defects, etc. _____
- Communicating with family _____
- Communicating with staff _____
- Telephone Courtesy _____

Resident's physical environment

- Bed making _____
- Keeping a clean environment _____
- Care of resident's personal possessions _____
- Care of resident's clothing _____

Personal care of the resident

- Admission, transfer and discharge procedures _____
- Bath - bed, tub, shower _____
- Pericare _____
- Nail care _____
- Hair care - shampoo, grooming _____
- Oral Care - teeth brushing, denture care, mouth/gums care _____
- Shaving - male & female _____
- Toileting _____
- Dressing _____
- Turning & positioning _____
- Special skin care - lotion massage, pressure sore care, skin-at-risk _____
- Obtaining specimens - urine, feces, sputum _____
- Range of motion _____
- Catheter care _____
- Safe use of oxygen _____
- Heat and cold applications _____
- Application of anti-embolitic stockings _____
- Circulation observation _____
- Helping the sensory impaired - including care of hearing aides, glasses, etc. _____
- Restorative care - ADLs, bowel and bladder programs, ambulation programs, etc. _____

Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>

Phone: 406-444-4980

- Measuring vital signs - temperature, pulse, respiration & blood pressure
-

Resident Safety and emergency care

- Preventing injury
 - Preventing falls
 - Proper use of restraints
 - Fire and disaster training
 - Use of mechanical lifts; wheelchair safety
 - Use of good body mechanics
 - Cleaning and care of equipment
 - Heimlich maneuver/unconscious choking victim
 - CPR - recommended, not mandatory
-
-
-
-
-
-
-
-
-

Death and dying

- Death with dignity
 - Assisting the dying resident; support of family
 - Dealing with your feelings about death
 - Resident care after death
-
-
-
-

Nutrition and fluid balance

- Assisting residents to eat
 - Well rounded diet
 - Results of poor eating/fluid intake
 - Measuring height and weight
 - Measuring intake and output
-
-
-
-
-

Prevention and control of infection

- Basic microbiology, modes of transmission
 - Blood and body fluid precautions; use of gloves
 - Common infections in the elderly and chronically ill
 - Prevention of infection
 - Hand washing
 - Principles of isolation, isolation techniques
-
-
-
-
-
-

Personality and behavior

Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: cna@mt.gov Website: <http://dphhs.mt.gov/CNA>

Phone: 406-444-4980

- Personality problems _____
- Memory loss; cognitive defects _____
- Depression _____
- Anxiety _____
- Combative behavior _____

Basic anatomy and physiology

- Respiratory system _____
- Circulatory system _____
- Digestive system _____
- Genito-urinary system _____
- Musculoskeletal system _____
- Integumentary system _____
- Endocrine system _____
- Nervous system _____
- Sensory systems - including eye & ear _____

Meeting the needs of special residents - as needed by facility

- Alzheimer's disease _____
- Multiple sclerosis _____
- Mentally ill/mentally retarded _____
- Developmentally disabled/brain injured - infants, children, young adults _____

- AIDS _____

Additional Requirements for Home Health Aide Programs

- Use of ambulation equipment in the home _____
- Home transfer & ambulation techniques _____
- Home safety measures _____
- Care and disposal of contaminated supplies in the home _____
- Home management and homemaking _____