

Facility Letter to DOH NOTIFYING of Plan to Implement TNA to CNA Training Program

Date XXXX

To NATP.DOH@health.ny.gov:

This letter is submitted to the New York State Department of Health as notification of the plan by (Facility Full Name) to implement a Temporary Nurse Aide (TNA) to Certified Nurse Aide (CNA) Training Program pursuant to DAL NH 21-18.

The program will consist of 24 hours of hours of classroom and 16 of lab to prepare TNA students for eligibility for the New York State Certified Nurse Aide Exams. Thirty-five additional hours will be credited for each TNA in recognition of their “on the job training” and employment providing resident care. Eligibility for the training is a minimum of 30 days or 150 hours of employment as a TNA. A certificate will be provided to each student who completes the training. The facility will complete the CNA test application on behalf of each student to arrange for their taking the CNA exams.

The program instructor will be: (fill in the space below which applies)

Name: _____, Registered Nurse (RN) who has the credentials of a minimum of one year of experience employed in Long Term Care, and one in educating adults learners **OR**

Name: _____, Licensed Practical Nurse (LPN) who has a minimum of two years' experience employed in Long Term Care, and one year in educating adults learners, who will be supervised by the Director of Nursing.

Upon approval by NYSDOH, it is understood that the Department will issue a letter with a TNA to CNA training code to be used by the facility for all related correspondence including the Prometric application for the NYS Certified Nurse Aide examinations. The training program will expire four months after the termination date of the 1135 waiver.

Questions regarding this letter/program should be sent to NATP.DOH@health.ny.gov

Administrator Name: _____
Facility Name: _____
Address: _____
Facility PFI Number: _____