

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
7 Eagle Square
Concord, N.H. 03301

Board of Nursing 603-271-2323
Nursing Assistant 603-271-6282

Fax 603-271-2856
www.oplc.nh.gov/nursing



**Nursing Assistant Train the Trainer Program
Self-Assessment Report**

Programs requesting continued approval should complete and submit this form via mail or fax. Please do not send any additional forms (with the exception of Postsecondary Education Commission documentation) or information unless specifically requested to do so.

1. Program Name: _____
2. Program Address: _____
3. Program Coordinator: _____
4. Coordinator Telephone: _____ Coordinator Initial Approval Date: _____
5. Coordinator Fax: _____ Coordinator Email: _____
6. Initial Program Approval Date: _____ Date of Report: _____

All prospective NA Education Programs must comply with the rules and regulations of the New Hampshire Higher Education commission, the state entity responsible for Career School Review and licensing.

Please attach documentation from the Commission indicating that this program has completed the Postsecondary Education Commission Pre-Application process. (If you have questions about this process, please contact Dept. of Education at 271-6443.)

7. Documentation of completion of the N.H. Higher Education Commission Pre-Application process is attached:
_____ Yes _____ No
8. Train the Trainer Course must be taught by a Registered Nurse with 3 years of clinical experience. Board Approved Instructor(s): Please list all board approved instructors:
 - a. Registered Nurse Instructor Name: _____ Date of Initial board approval: _____
Confirm 3 years clinical experience: _____ Yes _____ No
 - b. Registered Nurse Instructor Name: _____ Date of Initial board approval: _____
Confirm 3 years clinical experience: _____ Yes _____ No
9. The program consists of a minimum of 12 hours of instruction: _____ Yes _____ No
10. Actual number of hours of instruction provided: _____

11. Number of programs conducted since last board assessment: _____

12. Number of candidates tested: _____

13. Number of candidates successfully completing the program: _____

14. List the text(s) used. Include book title, author name(s), publisher and copyright date:

a. Textbook: _____

b. Workbook: _____

Nur 704.04 Train the Trainer Curriculum must offer content specific to the following areas. Describe how this program meets the requirements of Nur 704.04(b)(3)d.1 – 4 and the outcomes listed below. Include information about curriculum content, length of time spent in each area and teaching strategies utilized. Indicate how TTT students will demonstrate achievement of the following objectives.

15. **Learning Styles:** Identify and describe how the program provides instruction about a minimum of three different learning styles. _____

16. **Demonstrate the process** for reviewing and choosing textbooks and other teaching materials for use in the LNA Education Program. _____

17. **Teaching Strategies:** Successfully prepare and teach one didactic lesson plan to other course participants. _____

18. **Teaching Strategies:** Successfully prepare and teach one clinical procedure to other course participants.

19. **Written and Clinical Performance:** Demonstrate knowledge of successful written and clinical competency for LNA Education Program participants. _____

20. **Evaluation:** Demonstrate the ability to evaluate student performance through the provision of constructive feedback and supervision to other program participants. _____

21. **Verbalize an understanding** of the N.H. Board of Nursing Administrative Rule Nur 700 and LNA Scope of Practice. _____

Board of Nursing Reviewer Comments: _____

Board of Nursing Signature: _____ Date of Review: _____

Revised 10/01/2020