



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
ACTING DIRECTOR

MEMORANDUM

DATE: February 2014
TO: Interested Parties
FROM: Long Term Care Division
SUBJECT: Train-The-Trainer Workshops

Registered Nurses who are interested in becoming certified instructors of the Nurse Aide Training Program must complete a workshop entitled Introduction to Train-The-Trainer. Participants complete an examination at the end of the workshop to determine if they are ready to teach the program. Those who qualify will receive a certificate that allows them to be a trainer.

This workshop is being offered on five different dates, beginning in April 2014. LeadingAge Michigan will coordinate these workshops for the Department of Licensing and Regulatory Affairs (LARA).

Basic Qualifications for Train-The-Trainer Workshops

The details of the qualifications are on the enclosed Application Form. Basically, the applicant must have:

1. A current Michigan Registered Nurse license that is in good standing. Licensed Practical Nurses are not eligible for this certificate.
2. Two years of nursing experience with at least one year of recent experience in an acceptable licensed long term care facility services.
3. Experience teaching/supervising Nurse Aides, teaching adults or a State of Michigan teaching certificate.

The Application Form and required documentation are to be submitted to:

By Mail
Train-The-Trainer Application
LARA/Bureau of Health Care Services
P.O. Box 30664
Lansing, MI 48909

By Fax
Train-The-Trainer Application
517-335-2096

If you have questions about these requirements, please call 517-373-9734.

Certified Train-The-Trainers should retake this workshop five years after their initial certification.

2014

Introduction to Train-The-Trainer Workshop

A workshop to prepare participants to conduct nurse aide training.

Who Should Apply

The Introduction to Train-The-Trainer workshop provides a training program for licensed Registered Nurses who are interested in becoming certified instructors for the Nurse Aide Training Program. Also, Certified Train-The-Trainers should retake this workshop six years after their initial certification.

Train-The-Trainer Certification

Within six (6) weeks after the workshop date, certificates will be mailed by the Bureau of Health Care Services, Michigan Department of Licensing and Regulatory Affairs (LARA) to participants who successfully complete the workshop. Certification becomes effective the first day of the month after successfully completing the workshop. For example, if you successfully complete the workshop on April 22, 2014, the certification period is May 1, 2014 to December 31, 2016. Trainers may begin training after the Train-The-Trainer Certificate is received from LARA.

Workshop Objectives

This workshop is designed to acquaint participants with the federal requirements and to assist participants in developing a Nurse Aide Training Program for Michigan.

Upon completion, participants will be able to:

1. Describe the components of a Nurse Aide Training Program for Michigan.
2. Discuss the federal requirements for all nurse aide training programs.
3. Discuss the content areas in a state-approved nurse aide training program for Michigan.
4. Discuss five (5) principles of adult learning and special needs students and how to incorporate them into teaching styles and lesson plans.
5. Understand and complete the initial program application procedures and know when to submit an addendum to a nurse aide training program.

Workshop Agenda

7:30 a.m.	Registration and Continental Breakfast
8:00 a.m.	Welcome and Review of Handouts
8:30 a.m.	Program Structure and Content
9:15 a.m.	Break
9:30 a.m.	Program Structure and Content (continued)
10:45 a.m.	Program Process and Outcomes
Noon	Lunch
1:00 p.m.	Lesson Plans, Special Needs Students, Adult Learning Principles
3:00 p.m.	Break
3:15 p.m.	Record Keeping, Initial Program Application, Program Addendum
4:00 p.m.	Questions and Answers and Review
4:30 p.m.	Certifying Examination

Instructor

Sharon O'Rear, RN, BSN, CLTC

Workshop Schedule

Workshop Dates	Submit application materials to LARA by:	Location
Monday, April 28, 2014	Monday, March 31	Holiday Inn Express and Suites Okemos (517) 349-8700
Monday July 14, 2014	Monday, June 30	Holiday Inn Express and Suites Okemos (517) 349-8700
Monday, September 22, 2014	Monday, August 25	Holiday Inn Express and Suites Okemos (517) 349-8700
Monday, November 10, 2014	Monday, October 20	Holiday Inn Express and Suites Okemos (517) 349-8700
Monday, January 12, 2015	Monday, December 15	Holiday Inn Express and Suites Okemos (517) 349-8700

How to Apply for the Workshop

Applicants must submit the following application materials (detailed requirements are in Section 2 of the Application Form):

1. A completed Train-The Trainer Application Form
2. A current resume
3. Proof of teaching qualifications, supervising nurse aides and current long-term care experience

Workshop Approval Process

The LARA staff review the application materials to ensure the qualifications are met. Notification of acceptance or rejection is sent within three weeks of receipt of the required documentation. If the application is denied, you will be informed of the deficiency or omission. The required documentation may then be resubmitted. Questions should be directed to LARA staff at (517) 373-9734.

Workshop Confirmations

Applicants receiving an approval letter from LARA will also receive a confirmation letter from the LeadingAge Michigan approximately 10 days before the workshop. A map to the location will be included. At this point you are considered registered for the workshop.

Registration Fee and Payment

The registration fee is \$200 per person which includes refreshments, lunch and course materials. Payment must be made **on-site at the class**. Acceptable forms of payment are company check, money orders or cashier checks made payable to LeadingAge Michigan. Payments sent with the application materials or LeadingAge Michigan will be returned.

Non-attendance and Cancellation

Registered participants who do not attend or who do not provide written cancellation notice by 5 p.m. on the Tuesday before your scheduled training date will be charged a \$50 processing fee. The notice must be faxed to (517) 323-4569 or e-mailed to deanna@leadingagemichigan.org. Only one transfer, to another date, will be allowed.

At the Workshop

- **Payment** – As described above, payment must be made at the workshop.
- **ID** – Participants will not be admitted without their current Michigan RN license and photo identification.
- **On-Site Registrants** – Anyone not approved and pre-registered will not be permitted to attend.
- **Contact Hours** – LeadingAge Michigan (OH-381, 8/29/2014) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited provider by the American Nurses Credentialing Center's Commission on Accreditation.
- The workshop may not be audio or video taped.

2014 Introduction to Train-The-Trainer Workshop Application Form

Both sides must be completed AND submitted. Please PRINT clearly.

Workshop Choice

1st Choice of Workshop Date _____/_____/_____

2nd Choice of Workshop Date _____/_____/_____

Applicant Information – PLEASE PRINT CLEARLY

Applicant Name (Last) _____ (First) _____ (Middle) _____

XXX / XX / _____ (_____) 4704- _____
Last 4 digits of Social Security Number Home Phone Number w/Area Code Active Michigan RN License Number

Street Address (Home)

City State Zip County

Have you taken the Train-The-Trainer workshop before? YES NO

If yes, when: _____
Date TTT Certificate Number

Please send my confirmation by: ___ mail to my home address ___ fax to me at my employer

___ e-mail to me at this e-address: _____

Employment Information

Current Employer Name

(_____) _____ (_____) _____
Employer Phone Number Employer Fax Number

Current Job Title Length of Time in Current Position

How much recent experience do you have in a long-term care facility? _____ years / months?

At what level(s) is your experience? Nurse Aide LPN RN Other _____

This Statement Must Be Signed and Dated

I affirm that all of the information submitted on this application is true. I am aware that misrepresentation may result in non-approval to attend a Train-The-Trainer Workshop or revocation of my Train-The-Trainer certificate.

Signature Date

2014 Train-The-Trainer Workshop Application Form

Applicant Requirements –

1. A current/active Michigan Registered Nurse license that is in good standing. **LPNs are not eligible.**
2. Two years of recent nursing experience as an RN (will accept 1 year LPN/1 year RN).
3. **One year** of recent (within last 5 years) **work or teaching experience** in long-term care facility services. (Long term care is defined as a licensed or certified (by the Bureau of Health Systems) hospice, nursing home, county medical care facility, or a long-term care unit in a hospital). Experience in rehabilitation agencies, home health, home for the aged, assisted living or group homes are not acceptable for this program.
4. Experience supervising nurse aides, teaching adults, or completion of a course in teaching adults.
5. Submit BOTH pages of application.

Required Documentation – You must submit documentation for each area noted below (1-3). (Failure to submit ALL required information with application will result in denial)

1. A current Resume – Applicant name _____
2. A letter(s) from your employer(s) verifying –
___ at least two years of nursing experience as an RN with
___ at least one year of recent experience in long term care facility services, and
___ the level of care ___ Nurse Aide ___ LPN ___ RN ___ Other _____
3. Documentation of ONE of the following showing at least one full year of experience within the last 5 years.
Acceptable signatures on employer letters include Facility Administrator OR Director of Nursing only. Letters must be on employer letterhead.

Please check the items you are attaching for the requirement requested in item 3.

- Experience supervising nurse aides, attach a letter(s) verifying this experience from your –
___ current employer and/or
___ previous employer.
The letter(s) must include –
___ the length of time you supervised nurse aides, and
___ a brief description of the duties of the nurse aides you supervised.
- OR**
- Experience teaching adults in nurse aide programs or clinical instructor for a nursing fundamentals course in a LTC facility, attach a letter(s) verifying this experience from your –
___ current employer, and/or
___ previous employer.
The letter(s) must include the –
___ length of time you taught
___ areas in which you taught, and
___ type of student you typically taught.
- OR**
- You have completed a nursing course in teaching adults in long-term care, attach –
___ a copy of your transcript or report card indicating you successfully completed the course, and
___ a copy of the course description.

Documentation Submission –

Mail or fax the required documentations at least three weeks prior to the workshop you wish to attend to:

Mail

Train-The-Trainer Application
LARA - Bureau of Health Care Services
P.O. Box 30664
Lansing, MI 48909

Fax

Train-The-Trainer Application
517-335-2096