NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM BAN WAIVER REQUEST

Section I - Completed by Facility Requesting the Waiver

Facility Requesting the Waiver:		
Facility Contact:		
Facility Contact Email Address:		
Address		Phone ( )
City	State	Zip

Reason(s) for program loss (specific citation(s), scope and severity, associated CMP, extended/partial extended survey, other):

Section II-State Authority

Reason(s) for Waiver Request:

- No other approved nurse aide training program is within a reasonable distance from the facility. (Reasonable distance is defined as 30 minutes travel time each way from the facility.)
- Classes not currently being offered at an approved site within a reasonable distance.
- Classes within a reasonable distance are not offered during time frames to meet student and facility needs. Please specify:

If applying for a waiver due to no other approved NATCEP program offered within a reasonable distance of the facility, the facility, MUST specify how they plan to offer the training (in the facility but not by the facility) to include the partnership (agency/company) that will be conducting the training, how the training will be accomplished (details related to external instructor/program plans), and any other pertinent information regarding the partnership.

List all NATCEP/CEP approved training sites contacted for course availability within a 30-mile radius. Specify date of next course, distance/travel time to each site contacted, and any concerns with the programs.

NATCEP/CEP Program	Program Contact	Education Site	Clinical Site	Course Dates	Mileage/Travel time (specify which is used)	Concerns (cost, capacity, enrollment, restrictions, etc.)

Section III-CMS Location Authority

Reason(s) for Waiver Request:

- CMP was not related to the quality of care furnished to residents.
    - "Quality of care furnished to residents" means the direct hands-on care and treatment that a health care professional or direct care staff furnished to a resident. Please specify:

Section IV - Completed if NATCEP/CEP Training Existed Prior to Ban

Name of Program		
Address		Phone
City	State	Zip

NATCEP/ CEP Program Name	Program Contact Person	Education Site	Clinical Site	Average number of classes per year	Average number of graduating students per year	Average Number of NA graduates hired by facility annually	Benefits to students (benefits of hosting, earn to learn, etc.)

Additional Details to Support this Request:

Facility Administrator's Signature: **Date:**

To be Completed by State and/or CMS Location

This form should be reviewed, and a status update provided within 30 days of submission.

Waiver Status:

- ◯ Approved
- ◯ Denied

Date of Approval/Denial:

If denied, reason for denial:

For questions related to approval/denial, please refer to the contact information below.

State Agency Contact Information	**CMS Location Contact Information**
Contact Person:	Contact Person:
Email Address:	Email Address:
Phone Number:	Phone Number: