

# Florida Board of Nursing

4052 Bald Cypress Way BIN C02  
Tallahassee, FL 32399-3252

(850) 245-4125



## Application for New Certified Nursing Assistant Training Program

### Directions:

1. Read Ch. 464 Part II F.S. and 64B9-15 F.A.C. on CNA training programs.
2. Obtain curriculum frameworks from the Department of Education.  
(<http://www.firn.edu/doe/dwdframe/index.html>)
3. Obtain permission from Department of Education for public schools, or Commission on Independent Education for non-public degree-granting or non-public non-degree granting schools, to offer the Certified Nursing Assistant Training Program.  
Note: Approval of both the DOE/CIE and the Board of Nursing are required before operating a Certified Nursing Assistant Training Program.
4. Develop written agreements or letters of support from clinical facilities.
5. Submit the completed proposal to the board office for review.
6. Review staff comments/recommendations and revise proposal accordingly.
7. Coordinate site visits, if required, by the Nursing Education Consultant to the institution and to the clinical facilities.
8. Provide a final proposal or additional information to the board office as requested.

### Formatting:

1. Type the document or use a word processor.
2. Use the content outline on the following pages. Use the headers as shown on the outline, including the rule references. Information must be presented in the order on the outline.
3. Summarize information and place detail in appropriate appendices; do not omit any required information.
4. Use tables as shown if possible; if not, present required information in narrative form.
5. Number all pages consecutively.
6. Label appendices in the order on the outline; create a page for each appendix on the outline even if materials are not included or applicable. All materials should be behind the appropriate appendix.

**Florida Board of Nursing**  
**Application for New Certified Nursing Assistant Training Program**

**I. Notice of Intent**

Mail the completed proposal to this address: Florida Board of Nursing, ATTN: Executive Director, 4052 Bald Cypress Way BIN C02, Tallahassee, FL 32399-3252

<b>Sponsoring Institution</b>	
Official Name	
Address	
City, State, Zip	
Telephone	
FAX	
Anticipated Start Date	
Number of Students Per Class	
Number of Classes Admitted Annually	
Campus Location	
Contact Person	
Address	
Telephone	
FAX	
E-Mail	

This institution declares its intention to establish and conduct a CNA training program in accordance with the laws of Florida and the Rules of the Board of Nursing. We understand that board staff must review the proposed program and a site visit may be conducted, prior to approval by the board. We agree to obtain approval from the Department of Education or Commission on Independent Education and the Florida Board of Nursing prior to operating a CNA training program.

Signed	
Title	
Date	

## II. Program Proposal

### A. Information about the Sponsoring Organization (64B9-15.005(1))

1. Governing Board
2. Legal Name
3. Approval (dates) of institution by accrediting agencies, Department of Education or Commission on Independent Education

### B. Training Program

1. Purpose, Goals & Objectives/Outcomes, Rationale for New Program (64B9-15.005(1)(a))
2. Organizational Chart
3. Letters of Support from institution, community leaders, other nursing programs, affiliating agencies (Appendix A)
4. Length of Program
5. Number of students in each class
6. Number of classes admitted each year
7. Time of year students admitted
8. Target date for admission of first class

### C. Finance (64B9-15.005(1) & 15.005(4))

1. Sources of income and percent total from such sources

Source	Percent
Student Fees	
Endowment	
Gifts/Grants	
Taxation	
Other (describe)	

2. Estimated annual cost per student

Source	Amount
Tuition	
Books	
Other (describe)	
Total Cost per Student	\$

3. Itemized Budget (for first two years of proposed program).
  - a. Provide a bank statement or financial statement, which shows available cash and financial resources to operate the proposed program.

D. Student (64B9-15;005(1)(d))

1. Entrance requirements
2. Scholastic standards to be met by students in program
3. Requirements for graduation
4. Copy of certificate to be awarded (Appendix B)
5. Policies (include in Appendix C)
  - a. Student attendance
  - b. Student grading, including program progression and completion criteria
  - c. Student record maintenance
  - d. Student fees and financial aid
  - e. Student rights and responsibilities
  - f. Student grievance

E. Faculty

1. List name, title and qualifications of program coordinator and/or program developer (Place Curriculum Vitae in Appendix D) (64B9-15.005(2))
2. List instructor and staff positions to be filled prior to admission of first students and during first two years of operation. (64B9-15.005(3))

Type of Position (Faculty, Clerical)	Position Title	Actual/Proposed Date of Appointment
(add additional rows if necessary)		

3. Instructor Resumes or Curriculum Vitae (in Appendix E)
4. Faculty Policies (in Appendix F) (64B9-15.005(1))
  - a. Educational qualifications for appointment
  - b. Licensure requirements
  - c. Teaching load
  - d. Evaluation

F. Clinical Agency/Facilities (64B9-15.005(1)(b) & (c))

1. List all facilities that the student will use for clinical rotation.

Name & Location of Clinical Facility	Clinical Services Utilized	Average Daily Census	Number of Students	Number of Program Faculty	Total Hours Per Week
(add additional rows if necessary)					

2. List other programs using any of the above facilities for learning experiences for their students; provide documentation that cooperative planning has been initiated with these schools on the scheduling of clinical experiences for students. (64B9-15.005(1)(b) & (c))
3. Provide signed written agreements for facilities to be used for clinical experiences (in Appendix G). (64B9-15.005(1)(b))

G. Curriculum (64B9-15.005(6))

1. Provide course outline or syllabi (in Appendix H) that contains at a minimum the following items:
  - a. Content outline
  - b. Objectives/outcomes to be achieved by students
  - c. Evaluation of student learning & grading
  - d. Textbooks, other learning resources used (videos, skills lab, etc.)
2. List total hours for each of the following
  - a. Classroom hours
  - b. Skills lab hours
  - c. Clinical hours

H. Physical Facilities (Place floor plan in Appendix I) (64B9-15.005(4))

1. Library
  - a. Location
  - b. Seating capacity
  - c. Number of holdings (list in Appendix J)
  - d. Initial budget for development of program library
2. Offices and conference rooms
3. Classrooms
4. Skills Laboratory (Provide list of equipment in Appendix K)
5. AV Resources (List in Appendix L)
6. Computer Lab

I. Program Evaluation (64B9-15.005(4)(h))

1. List measures which will be used to evaluate program outcomes (Place copies of tools in Appendix M)
  - a. Educational facilities, resources, and services
  - b. Clinical resources
  - c. Students theoretical and clinical performance
  - d. Graduates' performance on the certifying competency examination
  - e. Graduates' competence
  - f. Performance of the faculty
  - g. Protection of patient safety
  - h. The methods and instruments used for evaluation purposes

J. School Catalog (Appendix N)

K. Student Handbook (Appendix O)

L. Other Documents (Appendix P – Z)