

**Council on Certified Nursing Assistants  
Conference Call**

# Meeting Minutes

November 10, 2015

Telephone Conference Call

Call in Information: 888 670 3525

Public Code: 2681213003#



Lois Gackenheimer, PhD Ed, MSN, RN,  
Chair

Joe Baker, Jr.  
Executive Director

**Florida Council on Certified Nursing Assistants Meeting Agenda  
November 10, 2015**

**Council Members:**

Lois Gackenheimer, PhD Ed, MSN, RN, Chair

Lydel Anthony Wright, LPN, RN

Cynthia Hayes, CNA

Amy Sutton, CNA

**Attorney:**

Diane Guillemette, Assistant Attorney General

**Board Staff:**

Joe Baker Jr., Executive Director

Melissa Greenfield, Regulatory Supervisor Consultant

Sherri Sutton-Johnson, Director of Education

Scarlet Curtis, Nursing Education Consultant

## Call to Order

The meeting was called to order at 3:00 pm by Lois Gackenheimer, Chair.

## Roll call

### **Council Members:**

Lois Gackenheimer, RN, Chair  
Lydel Anthony Wright, LPN, RN  
Amy Sutton, CNA  
Cynthia Hayes, CNA

### **Attorney:**

Diane Guillemette, Assistant Attorney General

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Joe Baker Jr., Executive Director  
Melissa Greenfield, Regulatory Supervisor Consultant  
Sherri Sutton-Johnson, MSN, RN, Director of Education  
Scarlet Curtis BSN, RN, Nursing Education Consultant

## I. Discussion

### **A. Discuss the proposed changes to the CNA Training Program Application**

Ms. Curtis provided an introduction and the reasons necessitating the changes to the Program Application. The Council went through each new change and addition to the application.

The Council had concerns regarding the language for the Student Grievance procedure. Discussion ensued. It was agreed upon that contact information would be provided for both the Commission on Independent Education (CIE), and the Department of Education (DOE), as well as the Board of Nursing.

Diane Guillemette provided some suggestions for the arrangement of the Faculty requirements on the proposed application.

The Council discussed the Clinical requirement of at least 20 hours in a Licensed Long Term Care Facility, and how to clearly define a Long Term Care Facility. Ms. Sutton-Johnson referenced s. 400.0060, FS as listed below:

(6) “Long-term care facility” means a nursing home facility, assisted living facility, adult family-care home, board and care facility, or any other similar residential adult care facility.

The proposed changes will be presented to the Board Meeting in December for review and approval.

## Adjournment

The meeting adjourned at 4:02 pm.

For more information regarding board meetings please  
visit <http://www.floridasnursing.gov/meeting-information/>

Or contact:

Florida Board of Nursing

4052 Bald Cypress Way, Bin # C-02 Tallahassee, FL 32399-3252

Direct Line: (850) 245-4125

Direct Fax: (850) 617-6450

Email: [info@floridasnursing.gov](mailto:info@floridasnursing.gov)

## **November 10, 2015 CNA Council Conference Call**

The CNA Council is being asked to review the New CNA Training Program Application, form number DH-MQA 1256 (8/11), for changes related to new rules, outdated links, and to review recommendations for documents to be submitted with the application in order to demonstrate compliance with Board rules. The Board staff is in the process of developing an online application for new CNA training programs. Discussion concerning “Demonstration” or “test” documents required to be submitted with the online application has prompted an evaluation of the written application as well.

Pursuant to Section 64B9-15.007(2), FAC,  
(2) A program seeking approval shall submit and complete a New Nursing Assistant Program Application, form number DH-MQA 1256 (8/11), herein incorporated by reference, available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-01259> or <http://floridasnursing.gov/applications/train-pro-cna-app.pdf> , from the Board office, or on the Board’s website: <http://floridasnursing.gov> .

### **Documentation**

Current Application

Proposed Application

Prepared by: Scarlet Curtis, BSN, RN, Nursing Education Consultant  
Sherri Sutton-Johnson,

# **FLORIDA BOARD OF NURSING**

4052 Bald Cypress Way, Bin C-02  
Tallahassee, FL 32399-3252  
(850) 245-4125  
Nurse Consultant Ext. 3612  
[www.floridasnursing.gov](http://www.floridasnursing.gov)

## New Nursing Assistant Training Program Application



NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your written communications may therefore be subject to public disclosure, which includes the submission of this application.

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

**Directions:**

1. Review Chapter 464, Part II, Certified Nursing Assistants, Florida Statutes, and rule 64B9-15, Rules of the Board of Nursing, Florida Administrative Code. To view the current laws and rules, please visit the Florida Board of Nursing (FBN) website, <http://floridasnursing.gov/>, click on the “Resources” tab, and select the links for Florida Statutes and Administrative Codes.
2. Obtain licensure from the Department of Education (DOE), Commission on Independent Education for private schools, per s. 464.201(1) (a) Florida Statutes. Public schools may inform the Department of Education of your new school as a courtesy.
3. Please obtain and review the most recent curriculum frameworks through DOE at: <http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/health-science.shtml>
4. Develop written agreements with clinical facilities.
5. Submit the complete application to the Board office at the following address:

Florida Board of Nursing  
Attn: Education Unit  
4052 Bald Cypress Way, Bin C-02  
Tallahassee, FL 32399

6. The Florida Board of Nursing staff will review the submitted application within 30 days of receipt and provide written notification of any errors or omissions. A decision to either approve or deny the application will be made within 90 days of receipt of a complete application by the Board office, pursuant to s. 120.60, Florida Statutes.
7. Please 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 sequential order on the outline.
8. Do not omit any required information and use tables as shown.
9. Start each section on a new page with the capital letter corresponding to the section on the outline and number all pages consecutively.
10. Do not place the application in a binder; secure the copies of the application with rubber bands, do not attach pages together with staples or paper clips.
11. Programs may not admit students prior to Board of Nursing approval. Approval is not retroactive.

<b>Sponsoring Institution</b>	
Official Name	
Address	
City, State, Zip	
Telephone and Fax	
Number of Students per Class	
Number of Classes Admitted Annually	
Campus Location	
Program Coordinator/Director	
Address	
Telephone	
Fax	
Email	

This institution declares its intention to establish and conduct a Certified Nursing Assistant training program in accordance with the laws governing nursing education in Florida and the rules of the Board of Nursing. We understand that the proposed program must be reviewed by board staff, and approval must be received from the Board of Nursing and the Department of Education prior to enrollment of students.

Signed	
Title	
Date	



**Program Application Rule 64B9-15.007, F.A.C.**

**A. Information about the **Governing Body**/Sponsoring Institution Rule 64B9-15.005(1), F.A.C.**

1. Governing Board- Please provide a description of the Governing Board, it's authority for the CNA training program and approval of policies.
2. Legal Name- Provide the official name of the school and ownership, if privately held.
3. Evidence of current academic accreditation (if applicable), and the Department of Education (DOE) or the Commission for Independent Education (CIE) application or approval, if any.
4. Student and faculty policies/procedures. Please provide a copy of both with the effective dates of approval, pursuant to Rule 64B9-15.005(1), F.A.C. Regular/periodic review is required. (A student handbook will suffice for student policies).

**B. Training Program Rule 64B9-15.005(1)(a), F.A.C.**

1. Purpose, Goals and program objectives. Please provide a description of the purpose, goals and objectives of the program.

**C. Finance/Physical Facilities Rule 64B9-15.005(4), F.A.C.**

1. Provide evidence of sufficient finances and resources, per Rule 64B9-15.005(4), F.A.C., in order to meet the purpose of the program and the needs of the students, faculty, administration and staff. Please provide a supply list and evidence that sufficient classrooms and skill laboratories meet the requirements. Classrooms and skill laboratories shall meet requirements in Chapter 1013, F.S. and Chapter 6-2, F.A.C. (Lease agreements, diagrams, or pictures, may be provided as evidence).

**D. Student Rule 64B9-15.005 (1)(d), F.A.C.**

1. Provide the following written policies and procedures, which must demonstrate Governing Board approval, be regularly reviewed, and are provided to students upon admission to the program;
  - 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 procedure which includes contact information for state regulatory agencies such as the **FBON** – <http://floridasnursing.gov/>, **CIE** – <http://www.fldoe.org/policy/cie> and **DOE** - <http://www.fldoe.org/>

**E. Faculty Rule 64B9-15.005(2),(3), F.A.C.**

1. Faculty policies and procedures must include:

- a. Qualifications of the program coordinator must meet Rule 64B9-15.005(2), F.A.C., (provide the Curriculum Vitae), and include the following:

The program coordinator shall hold a clear and active professional nursing license in Florida; have two years of professional nursing experience and; have one year of experience in nursing home services, i.e., care of the elderly or chronically ill of any age including supervision of Certified Nursing Assistants.

The program coordinator assumes overall accountability for the development, implementation, and evaluation of the training program. Typical elements of an evaluation plan may include the following: student evaluations, first-time pass rates on the written and manual skills certification exams, student attrition rates, resolution of past student complaints and grievances, and review and revision of program policies. (64B9-15.005(2)(c), F.A.C.). Evaluation addresses goal setting, data collection, evaluation and interpretation of data, and corrective action. Please provide the process for the evaluation of the program.

The program coordinator serves as liaison with the Board. Additional duties include the recruitment, supervision and Evaluation of qualified instructors.

- b. Qualifications of the program instructor must meet Rule 64B9-15.005(3), F.A.C., (provide the Curriculum Vitae), and include the following:
- i. A program instructor shall hold a clear, active Florida license to practice professional **or practical** nursing;
  - ii. Have at least one year of professional **or practical** nursing experience, and one of the following:
    - have completed a course in teaching adults; or
    - have at least one year of experience in teaching adults; or
    - have at least one year of experience in supervising nursing assistants

Program instructors' duties include but are not limited to: participation in students' learning experience, ensures that course objectives are established and accomplished and the supervision and evaluation of students in clinical settings, per Rule 64B9-15.005(3)(b), F.A.C.

c. Teaching load/ratio **Rule 64B9-15.005(4)(c), F.A.C.**

- i. Submit a faculty policy demonstrating compliance with the minimum clinical instruction ratio for professional or practical nurse to student of 1 to 15 for students caring directly for residents/clients.

**F. Clinical Agency/Facilities Rule 64B0-15.005, F.A.C.**

1. List all clinical facilities that the student will use, on the chart below, in order to provide evidence of clinical experience per Rule 64B9- 15.005(4)(e) and (f) and 64B9-15.007(2)(h), F.A.C.
2. Provide information on the availability of clinical facilities per Rule 64B9- 15.007(2)(h), F.A.C.
3. Include written agreements for clinical facilities in per Rule 64B9-15.005(1)(b), F.A.C. The agreement shall define the rights and responsibilities of the program and the clinical facility. **All students must have at least 20 hours of clinical instruction in a licensed nursing home or licensed long term care facility, per Rule 64B9-15.006(2), F.A.C. Please provide a current clinical agreement with a licensed nursing home facility.**

Name of Clinical Facility	Location	Clinical Services Utilized	Number of Students	Number of Program Faculty

\*add additional rows if necessary

**\*\*Facility must meet standards set forth in Rule 64B9-15.005(1)(c),F.A.C.**

**G. Curriculum Rule 64B9-15.006, F.A.C.**

1. Provide a course outline or syllabi that contains at minimum the following items:
  - a. Course objectives/outcomes in order that an assessment of compliance with the curriculum framework established by the Department of Education (Rule 6A-6.0571, F.A.C.) can be made.
  - b. Curriculum content divided into number and sequence of: Didactic or classroom hours/lab hours and clinical hours. The curriculum must consist of 40 hours of clinical instruction, 20 hours of which must be in a licensed nursing home or a licensed long term care facility, per Rule 64B9-006(2), F.A.C.
  - c. Teaching methodology
  - d. Textbooks (must be within five years)
  - e. Clinical skills checklist
  - f. Copy of certificate of completion must include CNA program name and information only, total hours for the CNA program and the director's signature
  - g. Tentative calendar or schedule for the program
  - h. Please provide evidence that clinical experiences will only be provided under the direct supervision of the instructor, per Rule 64B9-15.005(3)(b)(7), F.A.C. (Evidence may include a faculty policy or the requirement may be stated in the clinical affiliation agreement).
  - i. Please provide evidence that, prior to any direct contact with a resident, a training program shall require that a student receive a minimum of 16 hours of classroom instruction in the areas provided in the rule, per Rule 64B9-15.006(3), F.A.C. (Evidence may include a written faculty, or student policy, or may be included in the clinical agreement.)

**~~H. Physical Facilities Rule 64B9-15.005(4), F.A.C. (moved to C.)~~**

- ~~1. Provide evidence that the program has sufficient resources, materials, space and supplies to meet the needs of students, faculty, staff and administration involved in the program.~~
- ~~2. Classrooms and skills laboratories shall meet requirements in Chapter 1013, F.S. and Chapter 6-2, F.A.C.~~

