

IN-SERVICE TRAINING PROGRAM FOR CERTIFIED NURSE ASSISTANTS
(To be completed by ALL skilled nursing and intermediate care facilities)
 Submit the completed packet to TPRU@cdph.ca.gov

Facility Name and Address:	Facility County:	Facility Identification Training Number: F- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Facility Email Address:	Facility Phone Number:

- In-service training program sessions shall be made available to all employed certified nurse assistants who shall receive at least the normal hourly wage for attending the program, **California Code of Regulations, Title 22 (22 CCR), §71847(e)(1).**
- The content of the in-service training program shall enhance knowledge and skills learned in the certification training program and shall also address areas of weakness as determined by a nurse assistant's performance reviews, areas of special needs of the patients, including those with cognitive needs, and areas wherein the facility received deficiencies related to patient care following the last licensing survey, **22 CCR, §71847(f).**
- The in-service training shall include multiple subjects, **22 CCR, §71847(e).**

SPECIAL NOTE: Each facility is required to complete four hours of instruction on resident abuse every 2 years, (i.e., every renewal period), California Health and Safety Code (HSC) §1337.1(e)(2) and five hours of dementia-specific in-service training every year, HSC, §1263(c).

All in-service courses shall be reviewed for re-approval every two years, 22 CCR, §71847(h).

The facility must provide a minimum of 24 hours of varied in-service training every year.

List the in-service courses below and include time allocated for each topic (Minimum 1 Hour each).

Course Title	Time	Course Title	Time
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
Total Hours		Total Hours	

1. Submit two lesson plans from two different course titles listed on this form. The lesson plan must include the following, **22 CCR, §71847(d)(2)**:
 - Student performance standards (e.g., Course Objectives).
 - A description of topics included which provides the Department with adequate detail (e.g., Technique, Method, Procedure) to discern what is taught.
 - Describe the method of teaching (e.g., Lecture, Skill Demonstration, and Instructor Led Video Lecture).
 - Describe the method of evaluating the results of the training (e.g., Written Exam, Oral Exam, and Skill Return Demonstration).

2. Submit a three-month in-service schedule, **22 CCR, §71847(d)(1)**.
 Example: In-service program expires in August; send a schedule for September, October and November.
 Do not send schedules for past months. The topics listed on this form must match the topics that you will list on the proposed schedule. Make sure to include specific dates, times, and topics for each month on your schedule.
3. Submit a copy of the in-service sign-in sheet. It must include the following:
 - a. Name of the health facility
 - b. In-service course title
 - c. Date of in-service
 - d. In-service start time and end time
 - e. Instructor name (typed/printed) and instructor's signature
 - f. Participant's name (typed/printed) and participant's signature
 - g. Participant's CNA or HHA certification number
4. Submit a copy of the record keeping policy. It must include the following:
 - a. Which in-service records are maintained (sign-in sheets, lesson plans, written exam etc.)?
 - b. How long (4-year minimum) are the In-service records maintained?
 - c. Storage location address.
 - d. How records are stored (hard copy or digital)?
 - e. The title of the person responsible for the record keeping.
5. Each nursing facility shall include a schedule to demonstrate how it will make available twenty-four (24) hours of varied in-service training annually, **22 CCR, §71847(e)**.

AM shift:	Time:	Days:
PM Shift:	Time:	Days:
Night Shift:	Time:	Days:

SPECIAL NOTE:

- When in-service or consultant led instruction videos, computer learning and/or tapes are utilized, the instructor is present at all times for discussion and/or demonstration.
- Home/independent study is not conducted for in-services.

By signing below, we certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Facility Administrator Name		Facility Administrator Signature	
Facility Administrator Email Address			Date
Facility Director of Nursing (DON) Name		Facility DON Signature	
Facility DON Email Address			Date
Facility Director of Staff Development (DSD) Name		Facility DSD Signature	
Facility DSD Email Address			Date

California Department of Public Health Use Only		
<input type="checkbox"/> Approved	By: _____	Date: _____
Training Program Review Unit Representative		