

Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP)

Clinical Site Agreement

NATP or HHP Responsibilities:

- Prior to direct patient contact in the facility, the student must receive the federally mandated 16-hours of training. (NATP only)
- To provide all training and to provide immediate and direct supervision of students.
- Student to instructor ratio shall not exceed fifteen (15) to one (1) in the facility.
- Provide facility with a list of names of all students along with their training schedule.
- To provide all clinical training in the TPRU approved facility, by a TPRU approved instructor, while following the NATP approved training program schedule.
- Provide notice to facility, that all students have had the physical examination, test for TB and criminal screening within 90 days prior to attending clinical.
- Training will be provided between the hours of 6 a.m. and 8 p.m.
- NATP students will receive a minimum of 100 hours of clinical training in the facility.
- 40-hour HHP students will receive a minimum of 20 hours of direct patient care in an approved facility, with emphasis on home care.
- 120-hour HHP students will receive a minimum of 45 hours of direct patient care, in an approved facility, with emphasis on home care.

Facility Responsibilities:

- Facility staff may not be used to proctor, shadow, or teach the training program students.
- Facility staffing will not be decreased because students are training in the facility.

Both parties agree to:

- Comply with all local, state and federal laws and regulations.
- Include an adequate notice of termination clause in their standard agreement which includes a minimum of 30 days written advance notice of termination of the clinical site agreement.

By signing below, both parties agree with the terms printed on this agreement.

Name and Address of Training Program: County: _____		Nursing Facility Name and Address: 						
NATP/HHP- Owner/Administrator (Printed Name)		Facility Administrator (Printed Name)						
NATP/HHP- Owner/Administrator (Signature)	Date	Facility Administrator (Signature)	Date					
RN Program Director (Printed Name)		Skilled Nursing Provider Identification training number, if known <table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">F-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		F-				
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NATP/HHP- RN Program Director (Signature)	Date							

California Department of Public Health Use Only

Approved By: _____ Date: _____ Expiration Date: _____

This approval is only valid until the program expiration date. A new clinical site agreement is required for the next renewal.