

Homemaker-Home Health Aide



*Training Program
and
Instructor Personnel
Record Form
Information*



New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing

Table of Contents

Overview	3
Training Program Requirements.....	4
Training Program “Approval” Requirements.....	5
Training Program General Requirements.....	6
Training Program “Completion/Submission” Requirements.....	6
Program Coordinator Responsibilities.....	6
Recommended Content/Hour Allocation Outlines.....	8
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Application.....	10
New Jersey Board of Nursing Application for Homemaker-Home Health Aide Training Faculty.....	11
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Instructor Personnel Record.....	12
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Coordinator Certification	14
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Graduate List	15
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Additional Required Information	17
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Daily Program Schedule.....	18
New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Daily Program Schedule.....	19
New Jersey Board of Nursing Homemaker-Home Health Aide Skills Laboratory Equipment List	20



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 47030
Newark, New Jersey 07101
(973) 504-6430



Homemaker-Home Health Aide Training Program Information

Overview

To protect the health and safety of the public, homemaker-home health aides are certified by the New Jersey Board of Nursing (hereinafter referred to as “the Board”) after successfully completing the required 76-hour training program, competency evaluation, and criminal history background check. The program curriculum, the training faculty and the training facility must be reviewed and approved by the Board. An applicant is eligible for certification when both the classroom and clinical aspects of the Homemaker-Home Health Aide Training Program have been satisfied.

The Homemaker-Home Health Aide Training Program is designed to meet the minimum state requirement. The certified homemaker-home health aide’s training will continue in the home care setting through regularly scheduled agency in-services, and supervision by a registered professional nurse.

In accordance with N.J.A.C.13:37-14.2, a “homemaker-home health aide” means a person who is employed by a home care services agency and who, under supervision of a registered professional nurse, follows a delegated nursing regimen or performs tasks which are delegated consistent with the provisions of N.J.A.C.13:37-6.2. A New Jersey registered professional nurse must supervise the certified homemaker-home health aide and the program of care delivered.

The Board has the following material available, for printing or downloading, via the following link:

www.njconsumeraffairs.gov/hhh/Pages/default.aspx

Training Program Requirements

N.J.A.C. 13:37-14.4 Homemaker-Home Health Aide Training Program

1. A homemaker-home health aide training program may be conducted by a home care servicing agency, an educational institution approved by the New Jersey State Department of Education or the Commissioner on Higher Education.
2. A homemaker-home health aide training program shall consist of at least 76 hours, to include 60 hours of classroom instruction and 16 hours of clinical instruction in a skills laboratory or patient care setting. The student-to-instructor ratio for classroom instruction shall not exceed 30 students to one classroom instructor.
3. The 16 hours of clinical instruction in a skills laboratory or patient care setting shall be supervised by a registered professional nurse. The supervision ratio shall not exceed 10 homemaker-home health aides to one registered professional nurse.
4. The curriculum for a homemaker-home health aide training program shall be consistent with the laws governing the practice of nursing and the delegation of selected tasks by the registered professional nurse.
5. Written approval of the Board of Nursing is required prior to advertisement or commencement of the training program, which approval shall be granted for a 12-month period.
6. At the discretion of the Board, program approval may be contingent upon a visit to the program site by a representative of the Board.

Pursuant to N.J.S.A. 45:11-24.3 et seq., all initial applicants for homemaker-home health aide certification must submit to a **criminal history background check**. The Board of Nursing shall not issue a homemaker-home health aide certification to any applicant until the Board determines that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being certified.

**New Jersey Board of Nursing
Homemaker-Home Health Aide Department**

P.O. Box 47030

Newark, New Jersey 07101

Telephone number: (973) 504-6430

Fax number: (973) 648-6914

www.njconsumeraffairs.gov/hhh/Pages/default.aspx

An applicant for HHA certification must complete an online application. Instructions for completing the application are available online.

The agency or school may assist the application on the procedures for completing the Application for Certification and the criminal history background check information.

If the applicant has disclosed on the application that he or she has been arrested and/or convicted of a crime or offense, the applicant must submit copies of police reports, complaints, judgements of conviction, a narrative statement for each arrest/conviction, and provide proof of satisfaction of all sentencing terms.

Applicants must answer all questions on the Application for Certification truthfully and completely.

Upon completion of the program, the agency or school will immediately upload a letter of completion for each applicant who successfully completed the training program.

Applicants are responsible for the accuracy of the information submitted with their application.

Training Program “Approval” Requirements

1. The materials for training program approval must be submitted to the Board at least (2) two months prior to the date the program starts. **The following materials are required:**
 - a. The *annual program approval fee* – this fee [\$250.00] is for **each location** where an agency or school is offering the training program. Please submit a company check, or a money order, made payable to the New Jersey Board of Nursing.
 - b. The completed *Homemaker-Home Health Aide Training Program Application*.
 1. Please include the beginning and completion dates of all courses scheduled.
 2. Please fill in the program coordinator’s name (a minimum of a bachelor’s degree in nursing (B.S.N.) is required).
 3. Please fill in the agency or school’s Health Care Service Firm Registration (H.P.) number, facility number or district code number, as applicable.
 4. Program Coordinator information.
 - c. The completed *Instructor Personnel Record*. All instructors must have an Instructor Personnel Record on file with the Board. Please complete all of the sections and submit the document with a current resume.
 - d. The completed *Application for the Homemaker-Home Health Aide Training Faculty* for each training date requested. Please include the credentials of the multi-disciplinary instructors, if applicable (i.e., P.T., S.T., O.T.).

Training Program General Requirements

The training program content outlines, which are to be followed for the training program, are included in this packet (pages 8 and 9) as is the Homemaker-Home Health Aide Training Faculty form. The Training Faculty form identifies the appropriate instructor(s) for each section of the program (page 11).

Please notify the Board, in writing, prior to the date the program starts, if there are any changes in the information previously submitted including the program dates, program locations or program instructors. The Board must also be notified of any program cancellations.

Training Program “Completion/Submission” Requirements

1. After completion of the 76-hour Homemaker-Home Health Aide Training Program and competency evaluation, the agency or school must submit the following to the Board for each applicant:
 - a. The completed “Graduate List” (included in this packet) with each applicant’s name and address typed. Each applicant’s name **must** be on the submitted Graduate List.
 - b. Individual letters of completion for each graduate.

Note: The application fee is nonrefundable.

Letters of completion must be submitted electronically to: NJHHA@dca.lps.state.nj.us .

Program Coordinator Responsibilities

- (a) The program coordinator shall provide an appropriately equipped classroom and skills laboratory with sufficient equipment and resources to provide for efficient and effective theoretical and clinical learning experiences.
- (b) The program coordinator shall submit the following to the Board of Nursing at least two months prior to the commencement of the training program:
 1. A Board of Nursing application for program approval. The application form requests the name and address of the agency or school, the date and location of course offerings, the tentative number of trainees and the name and address of the program coordinator. Two supplemental forms which must accompany the application are a faculty approval application which requests the name of the instructor assigned to each session and an instructor personnel record which requests brief biographical and educational information for each instructor;
 2. The annual program approval fee for each location at which the program will be offered: \$250.00; and
 3. The resume(s) of the nursing instructor(s). The resume shall include the instructor’s name, address, education (the institution, the type of degree or diploma, the month and year of graduation), work experience (the employer’s name and address, the dates of employment, including the month and year, the job title, and whether the employment was full-time or part-time), and the New Jersey license or certification number, as appropriate.
- (c) The program coordinator shall not, without prior notice to and approval by the Board, make additions to or deletions from a training program which has been approved by the Board of Nursing.

- (d) The program coordinator shall notify the Board of Nursing, at least two weeks prior to each program session, of the location and the beginning and ending dates of the program session.
- (e) Except in an emergency situation, the program sponsor shall notify the Board of Nursing in writing of any program session cancellation or change, such as a change in location, nursing instructor or dates, at least one week prior to any such cancellation or change. No cancellation or change shall be implemented without the written approval of the Board.
- (f) The program coordinator's responsibilities shall include, but not be limited to, the following:
 - 1. Establishing and implementing policies and procedures for the coordination of instruction, including designating a responsible program manager;
 - 2. Maintaining on file a copy of the lesson plan for the curriculum;
 - 3. Establishing methods or provisions to ensure that an absent student receives the required classroom and/or clinical instruction missed;
 - 4. Establishing and maintaining records for each student. The student record shall include, at a minimum, the following:
 - i. The beginning and ending dates of the program session;
 - ii. An attendance record, including the dates of any makeup sessions; and
 - iii. Evaluation of the student's performance by the classroom instructor and by the registered professional nurse who supervised the student's clinical instruction; and
 - 5. Developing, implementing and maintaining on file a plan for evaluating the effectiveness of the program. The evaluation plan shall include, at a minimum, the following:
 - i. The name of the person responsible for implementing the evaluation plan;
 - ii. An annual written training program evaluation report, including findings, conclusions and recommendations;
 - iii. A written evaluation of instructor(s) performance; and
 - iv. Program, faculty and student data, which shall include, at a minimum, the following:
 - (1) The beginning and ending dates of each program session;
 - (2) The number of students enrolled;
 - (3) The number and percentage of students who satisfactorily completed the program; and
 - (4) The number and percentage of students who failed the program.

Recommended Content/Hour Allocation Outlines

I. Unlicensed Assistive Personnel (U.A.P.) Curriculum Content Outline		Hours
Section I	Introduction to the role of the U.A.P. in nursing care settings	2.00
Section II	Foundations for working with people	6.00
Section III	Safety	
	A. Conditions	1.50
	B. Fire	2.00
	C. Standard Precautions for Infection Control	2.00
	D. Body Mechanics	0.50
	E. Emergencies	1.50
Section IV	Systems and Related Care	
	A. Musculoskeletal	6.00
	B. Integumentary System	9.75
	C. Gastrointestinal System: Upper	4.00
	D. Gastrointestinal System: Lower	2.00
	E. Urinary System	3.00
	F. Cardiovascular and Respiratory System	4.00
	G. Neurological System	0.75
	H. Endocrine System	1.00
	I. Reproductive System	1.00
	J. Immune System	1.00
	K. Rest and Sleep	0.50
	L. Death and Dying	1.50
Classroom Hours		50.00
Clinical/Laboratory Hours		16.00
Curriculum Total		66.00
Training of U.A.P. transferring from another setting, i.e. Nurse Assistant (N.A.) or Homemaker-Home Health Aide (H.H.A.)		
Step 1	Establish competency of knowledge and skills by facility.	
Step 2	Optional: knowledge and skills competency remediation plan.	
Step 3	Module (Institutional, L.T.C. or Home Care)	
Step 4	Competency testing and application to state registry (as applicable: N.A. or H.H.A.)	

Recommended Content/Hour Allocation Outlines

II. Home Care/Hospice Recommended Hour Allocation Outline		Hours
U.A.P. Curriculum classroom hours		50.00
U.A.P. Curriculum clinical/laboratory hours		16.00
U.A.P. Curriculum Total Course Hours		66.00
Home Care module hours		10.00
Total Course Hours		76.00
Training of U.A.P. transferring from another setting with Home Care Module		
Step 1	Establish competency of knowledge and skills by facility	
Step 2	Optional: Knowledge and skills competency remediation plan	
Step 3	Home Care module	
Step 4	Agency competency testing, H.H.A. application and C.H.B.C.	

III. Long -Term Care (L.T.C.) Recommended Hour Allocation Outline		Hours
U.A.P. Curriculum classroom hours		50.00
U.A.P. Curriculum clinical/laboratory hours		16.00
U.A.P. Curriculum Total Course Hours		66.00
Long-Term Care module hours		6.00
Long-Term Care clinical hours		18.00
Long -Term Care Total Module Hours		24.00
Total Course Hours		90.00
Training of U.A.P. transferring from another setting as N.A. with L.T.C. Module		
Step 1	Establish competency of knowledge and skills by facility	
Step 2	Optional: Knowledge and skills competency remediation plan	
Step 3	Home Care module	
Step 4	Agency competency testing, H.H.A. application and C.H.B.C.	



New Jersey Office of the Attorney General

Division of Consumer Affairs
 New Jersey Board of Nursing
 124 Halsey Street, P.O. Box 45010
 Newark, New Jersey 07101
 (973) 504-6430

Application for Homemaker-Home Health Aide Training Faculty

Name of Agency or School/City:		Date of Course Beginning: _____ Ending: _____		
Section	U.A.P. Curriculum Content Outline	Name of instructor and credentials	Recommended Hours	Additional Hours
I.	Introduction to the role of the U.A.P. in nursing care settings		2.00	
II.	Foundations for working with people		6.00	
III.	Safety			
	A. Conditions		1.50	
	B. Fire		2.00	
	C. Standard Precautions for Infection Control		2.00	
	D. Body Mechanics		0.50	
	E. Emergencies		1.50	
IV.	Systems and Related Care			
	A. Musculoskeletal		6.00	
	B. Integumentary System		9.75	
	C. Gastrointestinal System: Upper		4.00	
	D. Gastrointestinal System: Lower		2.00	
	E. Urinary System		3.00	
	F. Cardiovascular and Respiratory System		4.00	
	G. Neurological System		0.75	
	H. Endocrine System		1.00	
	I. Reproductive System		1.00	
	J. Immune System		1.00	
	K. Rest and Sleep		0.50	
	L. Death and Dying		1.50	
V.	Home Care Module Hours		10.00	
VI.	Clinical/Laboratory Hours		16.00	
Classroom Hours			60.00	
Curriculum Total			76.00	

Submitted by:



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

**Homemaker-Home Health Aide Training Program,
Program Coordinator and Instructor Personnel Record**

Name: _____

Home address: _____ Home Telephone Number (include area code) _____

Agency/School name and address: _____

Agency/School Telephone Number (include area code)

E-mail address

Check each session for which you are applying for approval to teach:

- I. Introduction to the role of the U.A.P. in nursing care settings
- II. Foundations for working with people
- III. Safety
 - a. Conditions
 - b. Fire
 - c. Standard precautions for infection control
 - d. Preventing the spread of disease
 - e. Body mechanics
 - f. Emergencies
- IV. Systems and related care
 - a. Musculoskeletal
 - b. Integumentary
 - c. Gastrointestinal system: upper
 - d. Gastrointestinal system: lower
 - e. Urinary system
 - f. Cardiovascular and respiratory system
 - g. Neurological system
 - h. Endocrine system
 - i. Reproductive system
 - j. Immune system
 - k. Rest and sleep
 - l. Death and dying
- V. Homecare/Hospice module
- VI. Clinical/Laboratory Hours
(Must have supervision experience of CHHA.)

Education: (Please upload your resume)

Name of college or professional school	Type of degree and major	Year graduated

Professional Licenses and/or Certificates Related to the Session(s) for which you are applying.

Type	State of authority	License or Certificate number	Expiration date

Work Experience: (Please attach resume)

Name of employer	Title of position	Number of hours worked per week	Dates employed (month/year)
			From: _____ To: _____

Signature: _____ Date: _____
Social Worker, Physical Therapist (etc.)

Registered Nurses Applying to Instruct Certified Homemaker-Home Health Aide Program

The following qualifications are required to be an instructor for the Homemaker-Home Health Aide Training Program:

- (1) You must be a registered nurse currently licensed in the State of New Jersey.
- (2) You must have been a registered nurse for at least two years preceding application.
- (3) You must have at least one year of community health, public health or home care experience.
- (4) You must have at least six months' experience supervising homemaker-home health aides.

Please sign to certify that you meet these requirements:

 Signature

 Date



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Homemaker-Home Health Aide Training Program Coordinator Certification

I hereby certify that I have been employed as the Training Program Coordinator for _____
Name of training facility
since _____. I have read and understand the Qualifications and Responsibilities of a homemaker-
Date of hire
home health aide training program coordinator, set forth in N.J.A.C. 13:37-14.7, and accept those responsibilities.

Name of applicant (please print)

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____
Month Year



Name of Notary Public (please print)

Signature of Notary Public

My Commission Expires



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

CHHA Training Program Additional Required Information

The following documentation is required by the Board of Nursing to maintain or obtain approval of a CHHA Training Program. Failure to submit all requested information could result in a delay, denial or suspension of program approval.

1. ___ Daily program instruction schedule, including subject content, time allocated, scheduled breaks/meals and testing date/time (See attached Sample.)

Note: Time required for testing and competency evaluation is not included in the 76 hours of required instruction.

2. ___ Classroom location and floor plan indicating room size, entry/exit locations, location of desks and/or tables for student instruction.
3. ___ Title and format (textbook, video, etc.) of all classroom instruction materials to be used.

Note: If a program is to be conducted in a language other than English, the instructor must be bi-lingual and fluent in English and the language in which instruction will be given. Instruction may not be given through an interpreter. Classes may only be conducted in one language at a time.

4. ___ Clinical instruction location and floor plan indicating room size, location of equipment.
5. ___ A minimum of five (5) clear photographs of classroom and clinical instruction areas, including entry/exit and all equipment
6. ___ List of clinical equipment used to adequately demonstrate clinical tasks (See attached Skills Laboratory Equipment List.)



New Jersey Office of the Attorney General

Division of Consumer Affairs
 New Jersey Board of Nursing
 124 Halsey Street, P.O. Box 45010
 Newark, New Jersey 07101
 (973) 504-6430

**CHHA Training Program
 Daily Program Schedule**

To facilitate successful learning of training program objectives, a daily program schedule should be completed for each day of training. Complete and submit the table below for your proposed Homemaker-Home Health Aide Training Program. If you wish to submit the schedule in a different format, it must contain all required information. Use additional sheets as needed.

Day 1 (Example Only)			Day _____		
Time			Time		
Beginning	End	Training Topic/Module	Beginning	End	Training Topic/Module
9:00	10:00	Introduction to role of CHHA in home care settings			
10:00	11:00	Foundation for Working with People			
11:00	12:30	Safety - Conditions			
12:30	1:00	Lunch/Break			
1:00	2:00	Safety - Fire			
2:00	3:00	Safety - Infection Control			
3:00	4:00	Home Care Module			
4:00	4:30	Review/Closing			
Total Training Hours for Day 1		<i>Classroom Instruction</i>	Total Training Hours for Day _____		<i>Classroom Instruction</i>
		6.5			0.0



New Jersey Office of the Attorney General

Division of Consumer Affairs
 New Jersey Board of Nursing
 124 Halsey Street, P.O. Box 45010
 Newark, New Jersey 07101
 (973) 504-6430

**CHHA Training Program
 Daily Program Schedule**

Name of Agency/School and City: _____

Date of Course Beginning: _____ Ending: _____

Day _____			For Board Use	Day _____			For Board Use
Time		Training Topic/Module		Time		Training Topic/Module	
Beginning	End			Beginning	End		
Total Training Hours for Day _____		<i>Classroom Instruction</i>	<i>Clinical Instruction</i>	Total Training Hours for Day _____		<i>Classroom Instruction</i>	<i>Clinical Instruction</i>



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Skills Laboratory Equipment List

	Equipment	Number of Items	Comments
1.	Adult scale		
2.	Alternating mattress or the like, egg crate mattress		
3.	Assistive devices/equipment (e.g. extension stick, sock donner, button loop)		
4.	Bedpan (regular and fracture pan)		
5.	Cane		
6.	Catheter equipment (tubing, drainage bags, leg bags)		
7.	Colostomy/ileostomy equipment		
8.	Commode		
9.	Crutches		
10.	Enteral feeding equipment		
11.	Feeding utensils (e.g. plate guard, rocking spoon)		
12.	Gowns/gloves/masks/face shields		
13.	Hi-rise toilet seat		
14.	Hospital bed		
15.	Hoyer lift		
16.	Infant/child equipment (e.g. bathtub, formula, scale, hi-chair)		
17.	Mannequin (life-size, flexible) and old clothes for practice dressing and donning		
18.	Over-the-bed table		
19.	Oxygen equipment (nasal cannula, mask, tank, concentrator)		
20.	Personal care items (e.g. emesis and bathing basins, toothettes, denture cups combs)		
21.	Shower chair/bench/hand rail		
22.	Sink (for hand washing RDC)		
23.	Slide board		
24.	Slings/immobilizers (e.g. leg immobilizer, ace wraps)		
25.	Thermometer (electronic)		

Equipment		Number of Items	Comments
26.	Transfer belt		
27.	TV, AV equipment		
28.	Urinal		
29.	Walker (e.g. rolling, platform)		
30.	Wheelchair		