



Dear Nursing Facility:

Thank you for your interest in our Nurse Aide Training Course. This service is designed to assist you with quality training while containing costs. To get started, we simply need you to complete the attached forms and provide the requested information. Once your facility receives approval from KCTCS to perform SRNA Training, please forward that approval for us to have on file. Once we receive that approval we will contact you about the utilization of the Health Education Center's service with your facility. If you have any questions, please feel free to contact us.

Health Education Center
502-762-5151
contact@healtheducationcenter.us

Steps for Approval with KCTCS

1. MOI/ SRNA Program Coordinator in your nursing facility needs to complete the online MAP-414 Approval Form. <http://kctcs.map-414.sgizmo.com/s3/> This should only contain information about your nursing facility. ***There does not need to be any mention about HEC on this online form PER YOUR CONTRACT (this includes using HEC's training provider number [0406031]. If you don't know your facilities, then you will need to contact KCTCS and ask for help filling out the form).***

Trish Banta
KCTCS

KyNurseAideTraining@kctcs.edu
859-256-3455

2. You will be requested to send the following documents through email to KyNurseAideTraining@kctcs.edu AND NOTHING ELSE, UNLESS INDIVIDUALLY REQUESTED

DOCUMENTS NEEDED FOR THE RN MOI:

- Copy of MOI Certificate
- KBN verification of nursing license
- Detailed resume describing education, qualifications, work experience and specific dates. (Must be a nurse for at least 2 years with at least 1 year of Long

Term Care experience)

DOCUMENTS NEEDED FOR THE LPN MOI:

- Copy of MOI Certificate from the entity that taught the MOI workshop with date(s) completed listing them as **secondary**
****A forwarded email stating someone is MOI certified is not proof of MOI certification.**
 - If there are changes to MOI status of instructor (i.e. They work at different facilities than when they originally obtained MOI certification, are under a different Primary instructor, etc.), KCTCS Must be within thirty (30) days of ANY changes by submitting MAP-414 and emailing a required documentation.
 - An LPN may NOT continue as an instructor until KCTCS is notified and has received all required documentation for review. Once approved, KCTCS will add an update as to the new information and forward a copy to the facility that submitted the MAP-414 and also to the instructor for their records.
- KBN verification of nursing license
- Detailed resume describing education, qualifications, work experience and specific dates. (Must be a nurse for at least 2 years with at least 1 year of Long Term Care experience)
- **AND.... for the overseeing RN**
- Copy of MOI Certificate (UNLESS the DON. If they have it, great, send it.)
- KBN verification of nursing license
- Detailed resume describing education, qualifications, work experience and specific dates. (Must be a nurse for at least 2 years with at least 1 year of Long Term Care experience)

The Facility Operated Agreement needs to be filled out by the Facility Administrator and sent back to the Health Education Center via email, contact@healtheducationcenter.us

We will then work with your MOI to get access to our website to keep track of your students progress on the educational material.



FACILITY OPERATED AGREEMENT

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Health Education Center, LLC

And

(Facility) _____

This agreement is executed on the _____ day of (month) _____ (year) _____ and will remain in effect and automatically renew annually until canceled in writing by either party.

This agreement has been developed to outline the responsibilities of both parties as it relates to online training of Nurse Aides.

The above named nursing facility will be the Approved Nurse Aide Training Provider with Health Education Center, LLC providing the online learning material. The nursing facility will provide the required 16 hour clinical after the student's completion of the HEC online learning material in preparation to sit for the state competency exam. The above named Nursing Facility will be the Approved Training Provider.

The facility will be invoiced for services at a rate of **\$250.00** per student and once the student is registered for the course, no refunds will be issued. This cost does not include state competency testing fees.

Health Education Center, LLC Responsibilities:

- To maintain the curriculum and update the website to meet Kentucky state guidelines for the Nurse Aide Training course.
- To maintain licensure with the Kentucky State Commission for Proprietary Education.
- To ensure access to all student online course records for the mandated time period, as

long as students are paid for in the 90 day time limit.

- To ensure access to MOI online course records for the mandated time period, as long as students are paid for in the 90 day time limit.

Nursing Facility Responsibilities:

- Agrees to allow students of Health Education Center, LLC to complete all aspects of the Nurse Aide Training Course within the facility and to complete the required clinical component within the facility.
- Agrees to ensure that all students registered for the Nurse Aide Training Course are actively employed with the nursing facility for the duration of the course.
- Agrees to perform all required checks and screening to include the state-required criminal background checks, state abuse registry checks, misconduct registry checks, and PPD screenings or equivalent. This information must be reviewed by the nursing facility and all students must be deemed satisfactory and employed based upon the results of all checks and screenings.
- Agrees that all students enrolled in the Nurse Aide Training Course will be covered by the nursing facility's liability insurance coverage. Therefore, all students enrolled, must be employed by the nursing facility at the time of course registration and for the duration of the course.
- The nursing facility will ensure that the approved MOI for the facility oversees student progress, assists students with the theory and online portion of the course, ensures opportunities to learn the necessary skills and provides for a skills checkoff and a minimum of 16 hours of clinical at the approved nursing facility. Under this Facility Operated Agreement, the nursing facility agrees to pay the designated and/or employed MOI of the facility for services rendered. This Facility Operated Agreement is intended to assist nursing facilities with cost containment for Nurse Aide Training and is a joint venture to ensure quality training at reasonable costs to the nursing facility as long as they do not have any extended survey deficiencies.
- The nursing facility will provide assistance as needed for the approved MOI and students using H.E.C. to help ensure an adequate clinical experience.
- The nursing facility MOI using the services for H.E.C. shall not incorporate the use of mechanical lifting devices. This shall be taught by the nursing facility separately and not as a part of the H.E.C. course curriculum.
- **The nursing facility will arrange for students completing the course to sit for the state competency exam at an approved testing site and complete the necessary registration. H.E.C. is not responsible for the cost of the state competency exam. The nursing facility submits the official KCTCS test roster to the testing center of choice,**

using the Training Provider Number and Facility Number that was given upon receiving approval from KCTCS, NOT HEC's NUMBER (0406031)

- The nursing facility agrees to provide the students with the current approved edition of the course textbook (Mosby's Textbook for Long-Term Care Assistants-8th Edition).
- The nursing facility will be invoiced for services at the current rate per student and may pay by check or other approved method of payment. Payment is due at the time of invoicing and services may be suspended if payment is not received within 60 days from the date of the initial invoice.
- The nursing facility shall terminate any student from the Nurse Aide Training Course for legitimate reasons and shall terminate the student's access from the website upon termination or upon completion of the course.
- The nursing facility will immediately notify Health Education Center, LLC of any state or federal survey deficiencies or citations that would prevent them from performing any Nurse Aide Training course within the nursing facility.
- The nursing facility agrees to pay **\$250.00** for each student registered with Health Education Center, LLC and use the online course material to assist in their knowledge of becoming a state registered nurse aide.
- The nursing facility agrees to pay all invoices in a timely manner
 - All invoices 60 days outstanding will receive a 10% late fee
 - If there are two or more invoices outstanding over 90 days, student registrations will be paused until account is up to date

Both parties agree to work harmoniously to ensure the best possible student outcomes and will work together to ensure good communication and resolution of any issues or concerns. Addendums to this agreement may be implemented upon agreement of both parties and shall be added to this Agreement. This agreement is in effect upon the date of signing and will automatically renew annually from the date of implementation. Either party may terminate this agreement with a 30-day written notice to the address stated below. Any student currently enrolled in the Nurse Aide Training Course shall be allowed to complete the course during the cancellation period.

Health Education Center, LLC
39030 Vantage Place
Louisville, KY 40299
(502) 762-5151

Nursing Facility: _____

Address: _____

X _____
(Authorized Signature)

Phone: () _____

Date: _____

X _____
(Authorized Signature)

Date: _____