

Application for Enrollment

Train-The-Trainer Program

(Print Clearly)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER(S) _____

EMERGENCY CONTACT: _____

SOCIAL SECURITY: _____ LICENSE#: _____

SESSION OF CHOICE START DATE: _____

Requirements: PC: Copy of resume and employment verification letter* that confirms two years RN experience including one year in Long-Term Care and copy of current RN license.

PI: Copy of resume and employment verification letter* that confirms two years experience nursing chronic care and a copy of your current nurse license.

* The above requirements include a required written documentation on any present or former employer's letterhead stationary specifying the required employment history. The letter should verify exact hours worked including beginning and ending dates as well as part-time or full-time status in the provision of nursing care as an RN or LPN.

Course Fee: \$550.00 includes lab fees, handouts, and manual.

Registration and Payment Terms: Payments may be made with Personal Checks, Money Orders, Bank Check, Credit Card or Purchase Orders by phone, fax, or in person. Pay the full course fee amount or contact registration to set up a payment plan. No certificates or CEUs will be distributed until the course fee is paid in full. Refer to Cuyahoga Community College's Continuing Education schedule book for the refund policy.

I have read and am in complete agreement with the policies and terms of the Train-The-Trainer Program. I understand the payment terms and the refund policy. I understand that a resume showing the required work experience and a copy of license are required. I attest that the information provided is true and complete.

SIGNATURE: _____ DATE: _____

Policies and Procedures

I. Application:

- To participate in the Train-the-Trainer program, application must be submitted along with payment, a copy of resume, employer verification letter, and copy of nursing license.
- Program Coordinator (PC) participants must be an active RN and have two years nursing experience with at least one year in Long-Term Care.
- Primary Instructor (PI) participants must be an active RN or LPN and have two years nursing chronic care experience.

II. Refund:

- Please refer to Cuyahoga Community College's Continuing Education schedule book for the refund policy.

III. Attendance:

- Once an individual has begun class, attendance is mandatory for all 8 sessions. According to OAC rule 3701-18-17, all absences must be made up within 28 calendar days. If the college does not offer another program within 28 days from the date the participant misses a class, he/she forfeits their payment and will need to re-pay and re-start with the next scheduled class.

IV. Non-Discrimination:

- No one shall be denied admission into the program or discriminated against based on race, gender, religion, disability, or sexual preference.

V. Record Retention:

- Program records will be retained for at least two years in an accessible but locked area. Each file shall consist of enrollment information, attendance records for classroom instruction and training skills practice and all exams and results of oral presentation.

VI. Major Changes:

- Any major changes to the train-the-trainer program will be reported to the Ohio Department of Health (ODH) within 5 days of the change.

VII. Guest Lecturer:

- A guest lecturer shall not be used for more than 6 hours of classroom instruction.

VIII. Program participant evaluation/grading:

- Program participant must pass a 30 question written competency exam with a 70%.
- Participants will give a 15-minute oral presentation and demonstrate teaching a nurse aide skill.

IX. Verification of eligibility:

- Each participant shall provide a copy of their resume and nurse license along with an employment verification letter from a current or past employer on their stationary verifying 2 years experience nursing chronic care including 1600 hours in a LTCF if seeking PC status

X. Cheating/Misconduct:

- Any participant caught cheating or that has conduct unbecoming and is disruptive to the program shall forfeit their payment and will not be able to re-enroll.

XI. Program Evaluation:

- Each program participant will complete a program evaluation at the end of the training to determine satisfaction of training and improvement are needed if any.

CUYAHOGA COMMUNITY COLLEGE

Center for Health Industry Solutions Train-The-Trainer Program

ACKNOWLEDGEMENT OF PARTICIPANT POLICIES

- I fully understand the policies and procedures of the TTT Program. I acknowledge a thorough review and receipt of these policies. I fully understand my responsibility to abide by these policies in order to participate in the program.

- I fully understand my responsibility with regard to absences and my ability to make up any missed class sessions. I understand all course requirements must be made up within 28 calendar days from the date the material was missed.

- I understand that the college may not offer an opportunity to make up a class session if another TTT class is not offered within 28 calendar days of a missed class session. I further understand that I will not pass the course and forfeit my fees.

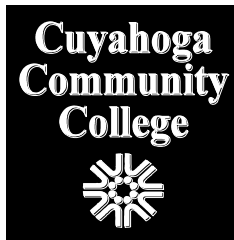
- I understand that it is my responsibility to provide proof of eligibility to participate in the TTT program and all information provided is accurate as evidenced by my resume, license, and employment verification letter.

Participant Signature

Date

TRAIN THE TRAINER COURSE OBJECTIVES

- ❖ Develop competent trainers of nurse assistants who work in long term care
- ❖ Develop teaching strategies
- ❖ Network with other teaching professionals
- ❖ Review standards and guidelines for the NATCEP
- ❖ Present a 5-minute spontaneous discussion to a small group
- ❖ Design and demonstrate a skills checklist for a TCEP task
- ❖ Write a performance objective on a selected topic
- ❖ Prepare and practice a topic to present within a small group
- ❖ Present a 15-minute final oral presentation on your selected topic
- ❖ Demonstrate the assigned skill
- ❖ Take a 30-question written exam
- ❖ Evaluate the TTT course and instructors



Course Itinerary

<u>DAY 1</u>	5:00pm to 9:15pm	7:00pm	Break
5:00pm	Reception and Introductions	7:15pm	Standard VI.3
5:30pm	Standard I.1		<i>Clinical Skills Testing / Checklist Development</i>
	<i>Program Overview</i>		
6:00pm	Standard II.1		
	<i>Basic TCEP Requirements</i>		
7:00pm	Break	<u>DAY 5</u>	5:00pm to 9:15pm
7:15pm	Standard II.1	5:00pm	Standard VI.4
	<i>Basic TCEP Requirements (cont.)</i>		<i>General Principles of Program / Content Evaluation</i>
8:15pm	Standard III.1	6:00pm	Standard VII.1
	<i>Trainee Profile</i>		<i>Presentation Skills</i>
		7:00pm	Break
<u>DAY 2</u>	5:00pm to 9:15pm	7:15pm	Standard VII.1
5:00pm	Standard III.2		<i>Presentation Skills (cont.)</i>
	<i>Stress Management</i>		
5:30pm	Standard III.3	<u>DAY 6</u>	5:00pm to 9:15pm
	<i>High School Learner to Adults</i>	5:00pm	Standard VII.1
6:30pm	Standard III.4		<i>Presentation Skills (cont.)</i>
	<i>Competency Evaluation Preparation</i>	6:00pm	Standard VII.2
7:30pm	Break		<i>Skill Practice</i>
7:45pm	Standard IV.1	7:00pm	Break
	<i>The Training Environment</i>	7:15pm	Standard VII.2
			<i>Skill Practice (cont.)</i>
<u>DAY 3</u>	5:00pm to 9:15pm	<u>DAY 7</u>	5:00pm to 9:15pm
5:00pm	Standard V.1	5:00pm	Standard VII.2
	<i>Organizing, Developing, and Individualizing the TCEP</i>		<i>Skill Practice (cont.)</i>
6:00pm	Standard V.2	7:00pm	Break
	<i>Identifying Training Needs</i>	7:15pm	Standard VII.2
7:30pm	Break		<i>Skill Practice (cont.)</i>
7:45pm	Standard V.3		
	<i>Designing the Training Program</i>	<u>DAY 8</u>	5:00pm to 9:15pm
<u>DAY 4</u>	5:00pm to 9:15pm	5:00pm	Standard VIII.1
5:00pm	Standard V.4		<i>Review of OAC/ORC Rules</i>
	<i>Identifying and Maintaining Resources</i>	7:00pm	Break
5:30pm	Standard VI.1	7:15pm	Final Competency Exam
	<i>Instructional Techniques</i>		Course / Instructor Evaluations
6:30pm	Standard VI.2	9:15pm	Issuance of Certificates and CEUs
	<i>Clinical Experience</i>		



Non-Credit Registration Form

HOW TO REGISTER



By Phone: (216) 987-3075

Have credit card information available.



By Fax: (216) 987-3210

To register and pay with credit card or purchase order.



By Mail:

Complete registration form.
Mail with check, money order,
or purchase order to:
Tri-C/Unified Technologies Center
2415 Woodland Ave.
Cleveland, OH 44115



In Person:

Stop by Administrative Services at
• Unified Technologies Center
2415 Woodland Ave., Cleveland, OH 44115
• Corporate College® East
4400 Richmond Rd., Warrensville Hts., OH 44128
• Corporate College® West
25425 Center Ridge Rd., Westlake, OH 44145
Admissions & Records Office at • East • West • Metro

PERSONAL INFORMATION

Name _____
Last First Mi Former

Date of Birth: - - *Month and day required.*
Mo. Day Yr.

Tri-C ID or Social Security Number
Last 4 digits required*

***Tri-C ID Information:** Students will no longer need to use their social security number as a primary ID, but it may still be required as part of your record. Additional information is available at www.tri-c.edu/tricid, choose "Frequently Asked Questions for Students," or by calling (216) 987-3075.

Complete this area if you are a new student or if any information has changed.

Address _____
Number Street Apt. No. City State Zip County

Home Phone - -
Area Code

E-Mail _____
Required for online courses

Cell Phone - -
Area Code

Ethnic Background:
 Black American Indian or Alaskan
 White (Non-Hispanic) Asian, Pacific Islander, or Indian Subcontinent
 Hispanic Other

Gender: Male Female

U.S. Citizen: Yes No

BUSINESS OR WORK INFORMATION

Complete this area if you are a new student or if any information has changed.

Business Name _____

Phone - -
Area Code Ext. _____

Address _____
Number Street

FAX - -
Area Code

City _____ State Zip County

PAYMENT INFORMATION

Bill Company, via attached Purchase Order Check (enclosed) Money Order (enclosed)

Master Card Account Number _____ Security Code _____ Exp. Date _____
 Visa Name on Card _____
 Discover Signature _____
 Amer. Express

If registering for an ONLINE course, start date is required.



Course Reference Number	Course Title	Start Date	Fee

Signature (required) _____

TOTAL _____