

## TRAIN-THE-TRAINER PROGRAM APPLICATION FOR INITIAL APPROVAL

If you are a United States Armed Forces service member or Veteran, the spouse, or surviving spouse of a service member or Veteran and would like to receive priority expedited processing, please check:

Yes

If Yes, mark the appropriate box below and submit acceptable documentation of service.

Service Member

Veteran

### I APPLICANT

Name of Organization (submitting Application): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_

Expected Starting Date: \_\_\_\_\_

Expected Number of Offerings per Year: \_\_\_\_\_

Expected Number in Each Class: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_  
(Program Administrator)

Telephone Number: \_\_\_\_\_

### II FACULTY QUALIFICATIONS

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Experience Teaching Adults: \_\_\_\_\_

Name of Teaching Establishment: \_\_\_\_\_

Number of Hours or Years in Teaching \_\_\_\_\_

Experience in Long Term Care: \_\_\_\_\_

Name of Long Term Care Facility: \_\_\_\_\_

Number of Hours or Years worked in LTC \_\_\_\_\_

R.N. License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is there a practice limitation imposed on this license? \_\_\_\_\_

**Attach Resume and Verification of Employment**



II FACULTY QUALIFICATIONS

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Experience Teaching Adults: \_\_\_\_\_

Name of Teaching Establishment: \_\_\_\_\_

Number of Hours or Years Teaching \_\_\_\_\_

Experience in Long-Term Care: \_\_\_\_\_

Name of LTC Facility: \_\_\_\_\_

Number of Hours or Years in LTC \_\_\_\_\_

R.N. License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is there a practice limitation imposed on this license? \_\_\_\_\_

**Attach Resume and Verification of Employment**

II FACULTY QUALIFICATIONS

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Experience Teaching Adults: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Number of Hours or Years: \_\_\_\_\_

Experience in Long-Term Care: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Number of Hours or Years: \_\_\_\_\_

R.N. License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is there a practice limitation imposed on this license? \_\_\_\_\_

**Attach Resume and Verification of Employment**      (Use additional pages if necessary)

III GUEST LECTURERS [OAC rule 3701-18-18 (F)]

Add Guest Lecturer's Names, Title and Topic Area \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV CLASSROOM INFORMATION [OAC rule 3701-18-14 (C) (3)]

A. Physical Facilities ----- CLASSROOM SITE:

Classroom Site Name: _____
Address: _____
City: _____, Ohio Zip Code: _____
County: _____
Phone: _____ Room Capacity: _____
Contract: Include with application _____
Description of room(s) used for classroom and laboratory simulation (including room capacity): _____ _____ _____

V CURRICULUM

Use the curriculum content form provided. Submit with application. [OAC rule 3701-18-4 (C) (4)]

VI CONTRACTS

Attach signed contracts of other organizations providing any classroom space if different than the address in Section I. Include the following information:

- Where is the classroom located?
- What is the capacity of this room?

## VII VERIFICATION OF RULE COMPLIANCE

**Directions:** *The pertinent sections of the current rules have been listed for your information and verification. The TTT program verifies that it will comply with all requirements of the law, rules and policies governing TTT programs as follows:*

- The classroom will provide an adequate learning environment (clean, safe, adequate light and space; comfortable temperatures; and adequately equipped with audio/visual aids and other teaching aides). [OAC rule 3701-18-19 (A), (B), (C) and (D)]
- A competency evaluation will be administered, both written and skills, based on evaluative criteria to adequately determine participants competency. [OAC rule 3701-18-21 (C)]
- A training manual will be developed and provided to all participants. [OAC rule 3701-18-21 (D)]
- Performance objectives will be developed that are behaviorally stated and measurable by which competency can be evaluated. [OAC rule 3701-18-21 (B)]
- There are documented policies and procedures on file covering: (please attach to the application)
  1. Absences [OAC rule 3701-19-17 (A)]
  2. Cheating/misconduct [OAC rules 3710-18-17 (B)]
  3. Circumstances under which money paid by the prospective enrollee will be refunded [OAC rule 3701-18-17 (C)]
  4. Evaluation of the program by participants [OAC rules 3701-18-17 (D)]
  5. Verification of participants qualifications [OAC rule 3701-18-17 (E)]
  6. Ongoing program evaluation (In addition, please attach a sample copy of any evaluative tools used to determine successful completion of the training) [OAC rule 3701-18-14 (C) (5)]
  7. Evaluation of participants [OAC rule 3701-18-21 (C)]
  8. Non-discrimination policy that meets federal and state civil rights laws [OAC rule 3701-18-16 (C) (9)]
  9. Record keeping and retention [OAC rule 3701-18-20]
  10. Major changes will be reported to the Ohio Department of Health (ODH) within 30 days [OAC rule 3701-18-16 (C) (2)]
  11. Not more than six hours of the minimum number of hours of classroom instruction may be taught through the use of videotape, films, audio tapes, interactive videodiscs, or similar media, or through a combination of guest lecturers and media presentations [OAC rule 3701-18-18 (G) (2)]

VIII PLAN OF ORGANIZATION AND ADMINISTRATION

**Directions:** *Please include a graphic table of organization as a narrative description. We need to be able to see direct lines of responsibility and accountability for the TTT program. This is especially important with larger corporations or educational organizations.*

Attach a written plan of organization that delineates lines of authority, responsibility and channels of communications for specific TTT program for which application is being made. (please attach to application)

IX FEE

**Directions:** *A fee of \$600.00 is required for approval. If you need to obtain a purchase order or, if payment will be delayed due to no fault of your own, please include a statement from your accounting or fiscal department. The initial approval application and fee are to be submitted to Accounts Receivable.*

Check or Money order (#\_\_\_\_\_) made payable to Treasurer, State of Ohio is enclosed.

X ATTESTATION

I hereby certify that the Train-the-trainer program for which application is being made will be conducted in compliance with Sections 3721.30 and 3721.31 of the Ohio Revised Code and Chapter 3701-18 of the Ohio Administrative Code. I affirm that all information submitted in this form is true. I am aware of the fact that misrepresentation may result in non-approval or revocation of existing approval.

\_\_\_\_\_  
Signature of Program Administrator

\_\_\_\_\_  
Date

Revised 09/30/2015

**TRAIN-THE-TRAINER PROGRAM CURRICULUM**

TOPIC AREA \_\_\_\_\_

STANDARD \_\_\_\_\_

REQUIRED TIME \_\_\_\_\_

<i>Objective</i>	<i>Content Curriculum</i>	<i>Classroom Hours</i>	<i>Clinical Hours</i>	<i>Instructor Name &amp; Title</i>	<i>Method of Evaluation</i>

**(Please make copies as needed)**