

# Nurse Aide Training and Competency Evaluation Program (NATCEP) Survey Form

Surveyors will reference the information on this form to ensure nurse aide training program sites meet requirements at 42 CFR 483.152 - Requirements for approval of a nurse aide training and competency evaluation program. (govregs.com)

Onsite Date: \_\_\_\_\_

Program Code: \_\_\_\_\_

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

Program Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Survey PREP:

Competency testing results of previous 12 months for skills and knowledge:

Declared Curriculum: \_\_\_\_\_

Didactic Hours-if any or all hours completed online	Curriculum/Skill Instruction Hours	Supervised Practical Training Hours

## Instructor Qualifications

Instructor Name	Resume	Train the Trainer (if applicable)- Not a federal requirement. Specified per curriculum.	NSG License expiration

### Other Personnel/Instructor Qualifications

Instructor Name	Resume/Qualifications	NSG License expiration (if applicable)

### Satellite Training Sites

Site Name(s)	Location

### Supervised Practical Training Sites

Site Name(s)	Location	Written Agreement

## Recommended Policies

Policy Topic	Yes/No	Notes
Passing Grade		
Student Evaluations		
Complaint Process		
Cell Phone Use		
Certificates of Completion		
Attendance		

## Candidate Records

Focus Areas	Candidate (1) Name	Candidate (2) Name	Candidate (3) Name	Candidate (4) Name	Candidate (5) Name
Training completion date					
Didactic hours completed. If any or all hours are completed online, program must provide documentation to surveyor					
Total hours of skills lab. This includes documentation indicating candidate is deemed proficient in skills by instructor <b>prior</b> to supervised practical training (SPT) <u>eCFR :: 42 CFR 483.152 -- Requirements for approval of a nurse aide training and competency evaluation program.</u>					
SPT location, dates, times					
SPT total hours. This includes documentation of skills performed under direct supervision of a registered nurse or a licensed practical nurse, while candidate demonstrates knowledge of each					

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WORKSHEET

Focus Areas	Candidate (1) Name	Candidate (2) Name	Candidate (3) Name	Candidate (4) Name	Candidate (5) Name
skill that may be performed. A nurse aide performance record (NAPR), or similar document may be utilized  <a href="#">eCFR :: 42 CFR 483.152 -- Requirements for approval of a nurse aide training and competency evaluation program.</a>					
Evidence of TB screening/testing prior to SPT if completed outside of lab  <a href="#">Regulations for TB Control in Minnesota Health Care Settings - MN Dept. of Health (state.mn.us)</a>					
Evidence of background study completed if SPT completed outside of lab  <a href="#">Minnesota Statutes, section 245C.03, subdivision 4</a>					
Test dates and scores					
Written notice given of reimbursement for training and competency evaluation  <a href="#">Minnesota Statutes, section 144A.611 (recommended)</a>					
Class evaluations given (recommended)					
Student entered and completed in TMU timely					
Instructors to notify candidates to create an account on the NAR Registry once candidate has been notified through email or text by MDH-information can be found <a href="#">Nurse Aide Registry - MN Dept. of Health</a>					
Total clock hours of completed program					

## Program Review

Focus Areas	Yes/No	Notes
Process for accurate and timely information entry into TMU		
Active TMU user account, QA and TMU reports		
Compliance with declared curriculum		
Familiar with NATCEP Resource		
Subscribed to GovDelivery (recommended)		
Candidate testing status is not under challenge training after program completion		
Time frame for program completion		
Compliant with state and federal regulations		

## Lab Area Observation

Equipment	Yes/No	Notes
Number of hospital beds		
Beds equipped with call lights		
Privacy curtains		
Functioning sink		
Mannequins		
Adequate equipment <a href="https://www.health.state.mn.us/facilities/providers/nursingassistent/docs/equipmentlist.pdf">https://www.health.state.mn.us/facilities/providers/nursingassistent/docs/equipmentlist.pdf</a>		

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Equipment	Yes/No	Notes
Required PPE (mask, gown, gloves)		
Scale		

<b>Preliminary deficiency findings and notes:</b>

Minnesota Department of Health  
Nurse Aide Registry  
625 Robert St. N.  
P.O. Box 64975  
St. Paul, MN 55164-0975  
[health.nar.coord@state.mn.us](mailto:health.nar.coord@state.mn.us)  
[www.health.state.mn.us/nar](http://www.health.state.mn.us/nar)

04/29/2025

*To obtain this information in a different format, call: 651-201-4200.*