# Kansas Home Health Aide

# Sponsor and Instructor Manual

Health Occupations Credentialing
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***Document/Form is available on the HOC web site, www.kdheks.gov/hoc.**

## INTRODUCTION

### Home health aide training in Kansas

Home care provides a wide range of health and supportive services to the elderly, disabled and chronically ill populations of all ages, while at home in surroundings that are familiar and comfortable.

Home health aides assist other health care professionals in maintaining/restoring the client to optimum levels of physical and emotional well being. Tasks performed by the home health aide may include but are not limited to: assisting the client to bathe, dress and groom; safely assisting clients in ambulation; maintaining a record of services provided as well as observations of the apparent status of client's condition; preparing and serving foods following specialized diets; cleaning the client's environment including changing of bed linens and laundry tasks; and performing a variety of miscellaneous duties as prescribed in a written plan of care.

To work as a home health aide in Kansas, an individual must hold a home health aide certificate issued through the Kansas Department of Health and Environment. The aide must successfully complete an approved training course and pass a state test to qualify for certification. To qualify for the training course, the individual must be certified by the Kansas Department of Health and Environment as a nurse aide or concurrently enrolled in a state-approved nurse aide training course. In addition, the student desiring entry to this course must have the ability to comprehend the English language at an eighth grade reading level.

The approved sponsor and instructor are responsible for verifying that

- the candidate is a Kansas certified nurse aide or is enrolled in a nurse aide course, and
- the reading comprehension abilities have been adequately screened.

### Reading comprehension test

Students desiring entry into this occupational field must have the ability to read and comprehend the written English language at an eight grade level.

The CASAS test is the approved reading test for prescreening for the home health aide course. The appropriate CASAS test form to use is the CASAS ECS Form 13 or CASAS ECS Form 15. The eighth-grade equivalency scaled score is 235.

If the individual cannot obtain a minimum score of 235, the individual should be referred to an adult education program for assistance in reading competencies.

If the student is re-tested within six months, a different form than the one that was given should be used.

If another test is used, the sponsor/instructor shall verify with Dianne Glass, Kansas Board of Regents (785) 296-7159 or dglass@ksbor.org that the test meets the regulatory specifications.

Schools or agencies wanting to administer the CASAS test may participate in training conducted by the Kansas Board of Regents. Please direct questions to Diane Glass.

**The sponsor and instructor of the course are responsible for verifying that the reading comprehension abilities have been adequately screened BEFORE allowing the student to proceed in the course.**

**When did KDHE begin issuing certificates?**

The department began issuing certificates on July 1, 1986. Over 14,000 home health aide certificates have been issued since the first full year of the program.

Between 1992 and 2004, in addition to the 20-hour home health aide training program, the department offered a 90-hour home health aide program. The home health aides who successfully completed the 90-hour training program are eligible to work as home health aides if they have an active certificate and are in good standing on the Kansas Nurse Aide Registry. The department no longer offers the 90-hour home health aide program. Individuals who want to become home health aides must complete the 90-hour nurse aide program and the 20-hour home health aide program.

**When is a home health aide certificate issued?**

After successful completion of the nurse aide course and test and the home health aide course and test, the candidate will hold two valid certifications in Kansas: one for Certified Nurse Aide (CNA) and one for Certified Home Health Aide (HHA).

**NOTE:** If the candidate is enrolled concurrently in the nurse aide training program, the candidate is required to complete the nurse aide training course and successfully pass the nurse aide and home health aide state tests BEFORE the home health aide certificate will be issued.

**OBRA**

The Omnibus Budget Reconciliation Act (OBRA) of 1987 required home health aides in Medicare certified agencies to complete a competency evaluation program that meets the minimal standards established by the U.S. Secretary of Health and Human Services.

The Kansas Department of Health and Environment is responsible for implementing and monitoring compliance with the state and federal training and competency requirements.

**OBRA requirements**

Federal regulations hold each state responsible for ensuring both state and federal course content requirements are met. OBRA requires that the course be reviewed and approved by the state and that the course comply with state and federal requirements. State regulations specify that any approved instructor who intends to offer a home health aide course must submit a completed Application for Approval of Training Course (copy in Appendices, page 25) to the department three weeks prior to the beginning date of each course and must receive approval prior to offering each course.

**Kansas regulations**

The Kansas regulations for the training and certification of home health aides appear in the Appendices, page 31.

## COURSE REQUIREMENTS

**Course sponsors must be:**

- A home health agency
- A postsecondary school under the jurisdiction of the Kansas Board of Regents
- A postsecondary school accredited by the North Central Association of Colleges and Schools

**Note:** Any licensed home health agency which has been subject to sanctions under medicare certification regulations listed in the federal register is prohibited from sponsoring a home health aide training course.

**HHA instructor requirements**

- Registered Nurse with current Kansas licensure
- 2 years licensed nursing experience (RN or LPN) which includes one year (1,750 hours) of experience in home health care services

To secure instructor approval status to teach the home health aide test, the prospective instructor submits the Instructor Application (copy in Appendices, 39. The application may be submitted separately or may accompany the application for approval of the course. The applications should be submitted at least three weeks before the course start date. The course approval application will be reviewed after the instructor application is approved.

If approved, the instructor will be issued an approval number. An instructor is to receive approval prior to offering an initial course. The instructor approval number shall be placed on all future correspondence with the department.

A copy of the instructor approval should be retained by the instructor and a copy given to each facility which sponsors training conducted by the instructor to show compliance with state and federal laws.

Consideration may be given to experience in a (state licensed) setting which demonstrates home health care which is not specifically in a home health agency.

The Alternative Practice Setting Experience for HHA Instructor Applicants (Appendices, 43) may be submitted along with the Instructor Application for

consideration of home health care experience which is not specifically in a home health agency. The Alternative Practice Setting application should be submitted at least four weeks before the course start date.

Questions about instructor approval should be directed to (785) 296-6796 or dstaab@kdhe.state.ks.us.

**Classroom and clinical training**

The course is primarily a classroom model in transition of skills from an adult care home environment to the home environment.

The training requirements for the home health aide course make no provision for supervised clinical instruction. The basic nursing skills and competencies for this course have been previously demonstrated within the 90-hour nurse aide course. It is, however, strongly recommended that the employing agency provide at least eight hours of lab/clinical experience to fully orient the student/trainee to the home health environment.

## COURSE DELIVERY

**Who is responsible**

Course sponsors and course instructors carry a **joint** responsibility in fulfilling training requirements under state and federal regulations. Each approved instructor for a home health aide training program is the primary person responsible for conducting training and assuring competency of trainees. Failure to fulfill any of these responsibilities could result in withdrawal of approval to serve as a course instructor or a course sponsor as described in K.A.R. 28-51-114(c).

**Number of instructors**

There are instances where the course responsibilities are shared between two or more instructors, regardless of the number of students. This practice is acceptable, provided that the reason for having more than one instructor is, upon request, identified by the sponsor, as well as how the responsibilities will be coordinated. One instructor must be designated as "lead" instructor to fulfill overall teaching responsibilities. Additional instructors must be approved by the department, and the course application must reflect the additional instructors.

approved by the department, and the course application must reflect the additional instructors. **NOTE:** The department follows the guidelines set by the Kansas State Board of Nursing of **10 students per one instructor** in the clinical setting.

**Supplemental instructors**

Health care professionals with appropriate skills and knowledge may be selected by the approved instructor to conduct any part of the training. For example, a licensed physical therapist may assist the instructor by conducting a portion of the module of training in safe ambulation or rehabilitation techniques. Any person providing training does so under the direct supervision of the approved course instructor and must have at least one year of experience in the subject area in which they are providing training.

**NOTE**: The instructor should be present and easily accessible to trainees at all times during instruction. Use of qualified ancillary health professionals is for enhancement of the course instruction and is not to be substituted for the primary responsibilities of the approved course instructor.

**What information is covered in the 20-hour HHA course?**

The Kansas home health aide curriculum focuses on the home care population. The learning objectives found within the curriculum serve as the basis for the state-developed standardized test. The course includes units on orientation to home care, working with people, home management, nutrition and meal preparation, adapting personal care activities in the client's home, mother and baby care, observing client's medication, special procedures, emergency care and reporting, documentation and observation.

**Curriculum guidelines**

The Kansas home health aide curriculum guidelines supplement the materials provided in the 90-hour nurse aide curriculum to include the content required in federal regulations and must be used to develop home health aide courses.

**How to obtain the curriculum**

The Kansas home health aide curriculum guidelines can be downloaded and printed at www.kdheks.gov/hoc.

**Text books**

There is no required text for the home health aide training program; however, any text(s) used for the course should have a revision date within the past five years to reflect current acceptable practices and must be noted on the course application.

**Course approval process**

- Sponsor or instructor completes the **Application for Approval of Training Course (Appendices, page 25)** and submits it to HOC.
- HOC reviews the application and approves, disapproves or returns the application requesting additional information.
- If the course is approved, a course approval number is assigned. A letter of approval or a copy of the first page of the application is returned to the sponsor with the course approval number.
- If the course is disapproved, the application is returned to the sponsor.

Careful completion helps reduce delays in processing.

The application must be submitted to the department **at least three weeks** prior to the beginning date of each course and must be approved prior to offering the course. As a matter of quality assurance and fairness, those course applications not meeting this time frame will be returned for new (later) start dates.

**The Class Schedule and Content (copy included in the Appendices, page 55)** is to be completed and must be presented to the department upon request.

The department may make announced/unannounced visits to the training program.

Questions about course approval should be directed to (785) 296-6796 or dstaab@kdhe.state.ks.us.

**NOTE:** Any change in class hours, dates, content, instructors, or sites must be prior approved by the department. Notification of changes must be in writing.

Notification may be submitted by mail, fax (785-296-3075) or electronic mail (dstaab@kdhe.state.ks.us).

**Why is a course approval number important?**

The course approval number should be retained by the instructor to show compliance with OBRA. This course approval number should be referenced on all correspondence with the department regarding a particular class. It is a vital link in the record keeping system of the nurse aide/home health registry required by OBRA.

**Class environment**

The classroom studies should be provided in a classroom environment with appropriate equipment (chalkboards, audio-visual supplies, overhead projector, etc.) for the instruction of the trainee. In home health agencies where state-approved training courses are scheduled, there must be a separate, designated closed area for the classroom instruction.

**General delivery of the training course**

The approved instructor is responsible for ensuring that the delivery of the didactic/classroom and lab/clinical training is appropriate. If the approved course instructor is a full-time staff member in the home health agency where the course is taught, a designated licensed nurse should assume the regular staff duties of the approved instructor during the times of classroom and lab/clinical instruction. **There can be no delegation of the instructor's duties**. The approved instructor must be on site and easily accessible to the trainees at all times during scheduled course instruction hours.

**What is taught in the course?**

The course includes units on orientation to home care, working with people, home management, nutrition and meal preparation, adapting personal care activities in the client's home, mother and baby care, observing client's medication, special procedures and emergency care and reporting, documentation and observation.

## ELIGIBILITY TO WORK

**Home Health Aide Trainee**

A home health aide trainee is qualified to begin direct individual care services to clients in their homes. The agency is responsible for accurately measuring that skills learned or tested elsewhere can be transferred

successfully to the client in his/her residence, CFR 42 484.36(a)(3)(b)(1).

A home health aide trainee is an individual who meets one of the following criteria:

- a Kansas certified nurse aide who is active and in good standing on the nurse aide registry AND is enrolled in the home health aide course
- has been licensed in Kansas or another state, within 24 months from the date of application as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual's license, AND the applications to take the state CNA and HHA tests have been approved.
- has received training deemed equivalent from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement AND the applications to take the CNA and HHA state tests have been approved.
- currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the license, AND the applications to take the state CNA and HHA tests have been approved.

**Documentation of competency for employment**

For the certified nurse aide who is enrolled in a home health aide course to be eligible to work as a home health aide trainee, the agency must complete and retain the Home Health Aide Trainee - Documentation of Competency for Employment form (Appendices, page 47) along with the Kansas Nurse Aide Registry confirmation letter on the individual CNA status. The documentation of competency is on the website, www.kdheks.gov/hoc along with the cumulation of comments/responses that were made when the program was developed (Appendices, page 51).

For the individuals who meet the licensure or equivalent training requirements described above, the agency must have copies of the letters of notification from KDHE that the individual has been approved for testing.

**How long is the Trainee period?**

Trainee status for employment purposes begins upon:

- the date of the completion of the Home Health Aide Trainee - Documentation of Competency for Employment form for the certified nurse aide who is enrolled in a home health aide course.
- the date on the letters of approval to test that the applicant receives from KDHE for the individual who has licensure or equivalent training as described above.

For the certified nurse aide, the home health aide course and test must be successfully completed within 90 days of the date on the documentation of competency form or the aide is no longer eligible to work as a trainee.

For the individuals with licensure or equivalent training as described above, the tests must be successfully completed within 90 days of the date of the letters of approval to test.

**A second three month trainee period is not allowed.**

Documentation of trainee status must be in the employee's file at the home health agency. KDHE does not need a copy.

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**CERTIFIED HOME HEALTH AIDE TEST**

**Test blueprint**

The state test is timed and contains 30 multiple-choice questions. Each trainee has two hours in which to complete the test. A score of 22 or greater constitutes a passing score. The test is designed to measure knowledge in the eight basic areas covered in the curriculum. They include:

- orientation to home care
- working with people
- home management
- nutrition and meal preparation
- adapting personal care activities in the client's home
- mother and baby care
- observing client's medication
- special procedures and emergency care
- reporting, documentation and observation

**What is the test like?**

The instructor may use the sample home health aide test questions, Appendices, page 55. A sample answer sheet is found in the Appendices, page 57, Giving the trainee an opportunity to practice questions before the actual state test may ease their fears.

**Test sites**

The Appendices, **page 59, contain the Test Sites for Nurse Aides and Home Health Aides.** Contact information for each test site is included. Questions about the test sites should be directed to (785) 296-1250 or bdomer@kdhe.state.ks.us. Many test sites charge a fee for administering the test.

**How are students scheduled for the test?**

At the beginning of the course, the instructor must submit to HOC:

- **Signed and completed Class Roster Form(s)** (copy in Appendices, page 61). Submit a separate roster for each test site chosen. For example, if eight trainees are in the class and five want to test in Manhattan and three want to test in Topeka, submit two separate rosters for the same class.
- **Signed and completed Applications for State Test** (copy in Appendices, page 63)
- **Copies of identification with current name and social security number**
- **$20.00 non-refundable fee for each student**. The fee should be submitted in the form of a check or money order made payable to the Kansas Department of Health and Environment.
- **Special accommodation requests for eligible candidates**

The instructor should assist the candidates in filling out the Application for State Test, assuring the accuracy of information, and discuss with the students the information directed to candidates on page two of the form.

If an Application for State Test is completed by a candidate and returned to the instructor incomplete (i.e. no copy of identification with social security number or no fee), the instructor will submit the incomplete form with the Class Roster Form. The department will return a letter to the candidate requesting the missing information be supplied.

**It is the responsibility of the course instructor to assure that all candidates listed on the Class Roster Form(s) have met all the requirements for the training course.** Therefore, the Class Roster Form(s) must be signed by the course instructor, not other agency personnel. Separate rosters must be submitted for each test site.

**If a candidate does not complete the course, *the instructor must submit written notification to the department to remove the candidate's name from the Class Roster Form.*** *Written notification must include the student's name, instructor's name, course approval number and the reason for removing the student's name from the roster. Notification can be submitted by mail, fax (785-296-3075) or electronic mail (bdomer@kdhe.state.ks.us).*

At the end of the course, the instructor must submit to the test site(s):

- **Signed and completed Class Roster Form(s)** (copy in Appendices, page 61) Only individuals who have successfully completed the course are on the roster provided to the test site. If more than one test site is involved, separate rosters must be sent to each test site.
- **Special accommodation requests for eligible candidates**
- **Test site fee** The instructor must check with the individual test sites to determine the amount of the fee.

Each person eligible to take the test who has submitted the Application for State Test form with the certification application fee will be issued an "Approval to Test" letter by the test site. The test site will send Approval to Test letters to the instructor (sample in Appendices, page 65). The instructor will copy and distribute the notices to the students.

Students must provide the following at the test site when they go to test:

- **Photo ID, social security card and test fee (if not previously paid)**
- **Approval to test letter**

**Who administers the test?**

The state tests are supervised by proctors hired through the test site to administer the test. The proctor will verify that the trainee is listed on the proper Class Roster Form for the designated date and time.

**Disabilities**

Any candidate who has a:

- physical disability
- learning disability
- psychological disability

which may require a reasonable accommodation to take the state test should complete and submit to the test site **the Nurse Aide and Home Health Aide Accommodation Request Form (copy in Appendices, page 67).** The candidate must have performed in a satisfactory manner in both the didactic/classroom/theory and lab/clinical settings of the course.

**Americans with Disabilities Act provisions**

The Americans with Disabilities Act (ADA) allows an agency permission to request documented evidence of a disability. Thus, the form asks the instructor to verify a disability. If the instructor does not feel competent in verifying a disability, a health care professional may do so.

**What types of accommodations are available?**

- Extended time to take the test
- Large print of test text

The home health aide test is given only in written form.

**NOTE**: Any candidate for whom English is a second language may use a bilingual language dictionary during the state test. **Computer dictionaries and medical dictionaries are prohibited.**

**Test requirements**

For students successfully completing the home health aide course, the state test must be passed within one year from the beginning date of the home health aide training course. Candidates may take the test a maximum of three times within that year. If the test is not passed within one year from the starting date of the course, the entire course must be retaken to be eligible to take the test again.

Students challenging the test have one opportunity to pass the test. If the test is not passed on the first attempt, the student must successfully complete the home health aide course to qualify to take the test again.

A student should plan to arrive at the test site at least 15 minutes prior to the scheduled test time.

**What happens if the candidate misses the test?**

A candidate who is not able to take the test on the date assigned must contact HOC to request a rescheduling form to submit along with a $20.00 fee.

**What happens if the test is passed?**

- Candidates who pass the test will be mailed a certificate.
- A list is sent to each instructor that includes each candidate who tested and the test score.

On average it takes three to four weeks from the time the test has been taken until the department receives and enters test scores. Certificates are then mailed to those who pass the test. Individuals should allow 30 days to lapse from the date the test was taken before calling the department to check the status of the certificate. After 30 days, certificate status questions may be directed to 785-296-1250 or bdomer@kdhe.state.ks.us.

**What happens if the test is failed?**

Candidates who fail the test will receive:

- a letter that includes the score, and
- a Rescheduling Form (copy in Appendices, page 69), if the candidate has taken the test fewer than three times.
  The form should be completed by the candidate and sent to HOC with the non-refundable $20.00 fee.

**Rescheduling for the test**

If the trainee misses the test for any reason or fails the test and wants to reschedule, the trainee must request a rescheduling form. The $20.00 certification fee is required any time the test is rescheduled. The department will send an Approval to Test Notice to the trainee at the address he/she indicates on the rescheduling form. The test site will be notified that the trainee is eligible to test. The trainee must contact the test site to schedule. The test site may charge a fee for administering the test.

The trainee must have an Approval to Test Notice to sit for the rescheduled test.

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**KANSAS NURSE AIDE REGISTRY (KNAR)**

The KNAR is a federally mandated program that tracks eligibility for employment and training for aides in Kansas.

A unique aide certificate number is issued to each candidate who has successfully completed the state nurse aide test. The certificate number that is assigned to an individual by the department identifies the individual in all aide training programs (i.e., certified nurse aide, certified medication aide, home health aide).

**Each agency must contact the registry prior to hiring anyone as a home health aide.** The registry may be accessed online at www.ksnurseaidregistry.org or by calling (785) 296-6877.

To be eligible to work as a home health aide in a home health agency, the home health aide must be active and in good standing as a nurse aide and home health aide on the Kansas Nurse Aide Registry. For individuals with both certifications, both nurse aide and home health aide status will be updated when an employment verification is received.

**Abuse, Neglect, and Exploitation**

KNAR information must include any record of a state administrative hearing process confirming abuse or neglect of an individual or resident or misappropriation of resident property. Each home health agency must contact the registry prior to hiring a home health aide. **The agency may NOT employ a person with an administrative confirmation on the registry or a court conviction for abuse, neglect, or exploitation of a resident recorded after April 1, 1992.**

**Explanation should be given to students that a finding of abuse, neglect or exploitation results in a prohibition to work in an adult care home or for a home health agency.**

**Criminal record checks**

Certain criminal convictions may result in a prohibition to work in a home health agency.

The employer is required to submit to KDHE a request for a criminal record check. The employer will be notified if the criminal record check provides documentation of a prohibited conviction.

The list of prohibited offenses appears in the appendices, page 71.

Questions regarding criminal record checks should be directed to 785-296-8628.

**Explanation should be given to students regarding the prohibitions resulting from criminal record checks before they take the course.**

**Employment eligibility - Active Status as a CNA/HHA**

To work as a home health aide, the nurse aide certificate and the home health aide certificate must be in active status or the home health aide certificate of an individual who successfully completed the 90-hour home health aide training program must be in active status.

CNAs/HHAs are eligible for employment for 24 months following the date the certificate is issued. To extend the eligibility period, the CNA/HHA must be employed to perform nursing or nursing related tasks for at least eight hours in the 24-month period.

Employers are asked once a year to submit lists of aides who have worked at least eight hours in the preceding year. The department records the data for the names submitted, and those aides remain eligible to work. Verification of performing nursing or nursing related duties for at least eight hours within the past 24-month period results in both the CNA and HHA certificates being updated for a period of two years.

If the HHA has been employed to perform nursing or nursing related duties for at least eight hours within the past 24-month period, but this information has not been received and noted on the HHA's KNAR record, the HHA should request the Employment Verification Form from HOC (785-296-1250 or

bdomer@kdhe.state.ks.us), or access it on the website, www.kdheks.gov/hoc.

If the HHA has not been employed to perform nursing or nursing related duties in the past 24 months, a licensed, registered nurse may elect to perform a Kansas Nurse Aide Task Checklist - for Employment Verification. The checklist may be done in an adult care home, hospital or laboratory setting under the direct supervision and presence of the registered nurse. The nurse must request the form and complete the task checklist, dating and evaluating each task as it is performed. Please direct questions to 785-296-1250 or bdomer@kdhe.state.ks.us. Or, the HHA may take a 10-hour CNA refresher course, if available, instead of having a nurse perform the task checklist.

When the completed employment verification, task checklist or a roster documenting completion of the refresher course is returned to HOC, the eligibility period is extended by 24 months.

Do not use a Kansas Nurse Aide Part I NATCEP Task Checklist (this is for CNA course use only) for employment verification purposes.

It is not necessary for the HHA to work for "40 hours" in order to complete the checklist for employment purposes. The amount of time it takes to perform each task will vary.

**Explanation should be given to all students regarding verification of employment within the past 24 months.** Many facilities/agencies send employment verifications yearly.

**Important points to convey to students**

Instructors should assure that students:

- know about the registry and specifically, that findings of abuse, neglect and exploitation, certain prohibited criminal convictions and failure to work 8 hours in the preceding 24 months will result in ineligibility to work
- perform only those tasks for which they are competent
- complete the Application for State Test information accurately

- understand that they will be scheduled for testing by the test site
- understand the "Approval to Test Notice" will assign the test date, location and time
- know that they must bring two forms of ID to the test site, one being photo ID
- know that they WILL NOT be admitted if they are not listed as eligible on the site schedule, or, are late, or do not provide required ID
- know who to contact to reschedule a test
- know that it will cost an additional $20 certification fee and a test site fee to take the test again
- know that they may sit for the test no more than three times per year
- know that it may be up to 30 days before the test results are returned to them
- know that they MUST contact KDHE (785-296-0060) whenever they move

**The KNAR should never be contacted to:**

- inquire about test results. Individuals who pass the test will receive a certificate within 30 days of the test date. Individuals who fail the test will receive results within 30 days of the test date. Scores cannot be given over the phone. (Call 785-296-0060)
- inquire about test sites (Call 785-296-1250)
- request a name change and/or replacement copies of certificates (See form in Appendices, page 77 or call 785-296-0060)
- report an abuse complaint about a home health aide or other personnel (Call 1-800-842-0078)
- inquire about the nurse aide training and competency evaluation program (call 785-296-0058)
- for employment verification procedures or issues (call 785-296-1250)

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**Allied health verification forms**

These forms (Appendices, page 73) are used by individuals who currently:

- are enrolled in accredited nursing or licensed mental health technician (LMHT) programs,
- hold a license which has expired within the past 24 months as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) and has no pending or current disciplinary actions against the license, or

- hold a license as a Licensed Mental Health Technician (LMHT), and there is no pending or current disciplinary action against the license.

Each applicant must have completed a basic nursing skills component which consists of personal hygiene and grooming, nutrition and feeding, safety in transfer, ambulation, and normal range of motion and positioning. In addition to the basic nursing skills component, each applicant must have completed a supervised clinical rotation in geriatrics. Current relevant training is defined as training which has occurred within the past 24 months.

These individuals must challenge the nurse aide test in addition to the home health aide test to qualify for certification as home health aides. The nurse aide test consists of 100 questions; the home health aide test consists of 30 questions. Both tests may be taken at the same testing session.

Training in acute care, emergency medical services, medical assistance, traumatic injuries, well-ness clinic or military DOES NOT satisfy the equivalent training requirements.

Each applicant submits the Allied Health Verification Form, a transcript of training (if the course has been completed), or a copy of current/expired license, a copy of identification with social security number, and non-refundable application fees of $20.00 for **each** certification.

If the training has not been completed, the school may submit the Documentation of Training forms to verify that the equivalent training has occurred. For CNA and HHA certification, two Documentation of Training forms must be submitted; one for CNA and one for HHA.

Upon receipt of the Allied Health Verification forms and attachments, the department will issue Approval to Test Notices for the state tests. The Kansas tests may be taken one time based on endorsement of training from an accredited training program or licensure.

Please direct questions regarding the allied health verification process to (785) 296-1250 or bdomer@kdhe.state.ks.us.

## MISCELLANEOUS

**Instructor information update**

State-approved instructors are reminded of their responsibility to update their personal instructor record with HOC whenever there is a change in mailing address, business or home telephone number, or legal change in name.

**Aide information update**

The Certificate Replacement or Name Change Form (Appendices, page 77) is used for the replacement of lost, destroyed, or incorrect certificates. An individual may receive a new certificate by submitting this form, the requested documentation and a $20.00 non-refundable fee. Please direct questions to (785) 296-1250 or (785) 296-0060.

The form is also used to notify the department of a change in name or address. The information on the form will update the information on the registry, but will not generate a replacement certificate. There is no fee for this service. If, however, a new certificate is wanted, a fee of $20.00 will be required.

**Distance learning technologies (DLT)**

The department has developed guidelines for conducting home health aide training using distance learning technologies (DLT). The guidelines require that the first two courses be done on a pilot basis. The sponsor must submit a DLT proposal for approval by the department in addition to the course approval form. To request a copy of the guidelines, call 785-296-6796, email dstaab@kdhe.state.ks.us, or access them on the HOC website, www.kdheks.gov/hoc. The proposal should be submitted to HOC at least four weeks prior to the course start date.

**Web based courses**

The department has developed guidelines for conducting home health aide training using the web. The guidelines require that the first two courses be done on a pilot basis. The sponsor must submit a proposal for approval by the department in addition to the course approval form. To request a copy of the guidelines, call 785-296-6796, email

dstaab@kdhe.state.ks.us, or access them on the website, www.kdheks.gov/hoc.

**Sponsorship Program**

Any sponsor that has offered six or more CNA, HHA, CMA, or CMA Renewal courses in a two-year period and meets the regulatory requirements for being a sponsor depending upon course type, respectively, may apply for a two-year sponsorship. The primary advantages of a sponsorship are an abbreviated course approval form and shorter time frame for course approval applications. Direct questions to 785-296-6796 or dstaab@kdhe.state.ks.us for more information.

C:\MLR\HHA\Instr Manual\draft091205i.wpd

# APPENDICES

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

# APPLICATION FOR APPROVAL OF TRAINING COURSE

**Course Type** (please check one):

☐ 90-Hour CNA ☐ CNA Refresher Course ☐ 75-Hour CMA** ☐ 20-Hour HHA**

☐ OTA/PTA Bridge ☐ 30-Hour Bridge ☐ CMA Continuing Education

** Students must pass an 8th grade reading level and comprehension test before enrolling in these courses.

NOTE: Please consult appropriate **Instructor manual** for guidelines on filling out this application.

This application MUST be received by this office THREE WEEKS (21 days) prior to the beginning date of the course. If not, the application will be returned so that the dates of the course can be adjusted to meet the three week requirement. If a request for waiver is included, both the application and the waiver MUST be received by this office FOUR WEEKS (28 days) prior to the course start date.

**▪Date Application Submitted** _____ / _____ / _____ **▪Date received by HOC** _____ / _____ / _____

**▪Course Begins** _____ / _____ / _____ **▪Course Ends** _____ / _____ / _____

**▪Primary Instructor Name** _____ Instructor's ID# _____

▪ Current Address: _____
Street City Zip

▪ Current Phone Number: (_____) _____ E-Mail address: _____

▪KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

**▪Sponsoring Facility/School** _____ ▪KS Facility/School ID# _____

▪Coordinator Name _____ Phone # (  ) _____

▪Address _____
Street and/or PO Box City State Zip

**▪Clinical Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

**▪Classroom Site** _____ _____
Address City

**▪Class Days & Times:** _____

**▪Course Training Includes:**

| | PART 1 (If applicable) | PART 2 (If applicable) | TOTAL HOURS |
|---|---|---|---|
| CLASS HOURS | | | |
| LAB/CLINICAL HOURS | | | |
| TOTAL HOURS | | | |

Please adapt the grid to the type of course given. For courses which do not have two parts, use the "TOTAL HOURS" column to enter the number of hours. Be prepared to present course schedule (topics, times and dates) on request.

**DEPARTMENT USE**

▪Course # _____ ▪Approval Date _____ - _____ - _____ ▪Disapproval Date _____ - _____ - _____

▪Reviewer's Signature _____ ▪Date _____

**Reason for Disapproval:**

**Please attest that the following information about the course you intend to conduct is true:**

## ALL AIDE COURSES

____ yes 1. I have read and will follow the applicable regulations, curriculum guidelines and instructor manual in preparation for this course.

____ yes 2. The primary text for this course will be the Kansas approved curriculum guidelines, if applicable. The 1999 Kansas approved curriculum guidelines will be used for all CNA courses. The 2003 approved curriculum will be used for all CMA courses. The 2005 approved curriculum will be used for all HHA courses. A secondary text is optional. If a student text or workbook is used, please note the author/s, title, edition and publisher here:

____ yes 3. I will assure an adequate environment for the course, i.e., adequacy of classroom, availability of equipment, etc.

____ yes 4. I will provide in writing to all students on the first day of class, the methods of student evaluation/grading including attendance requirements for classroom, clinical and makeup.

____ yes 5. I will provide a program and instructor evaluation to the students which will be used to evaluate the success of this course.

____ yes 6. During class or clinical instruction, the instructor will perform no other duties but the supervision of the trainees. The person designated to assume the instructor's regular staff duties during this time is: _____.

____ yes 7. I will inform both instructor and students of the state agency's phone number for registering complaints: (785) 296-6796.

____ yes 8. I will notify KDHE **prior** to any changes or cancellations being made to the course.

____ yes 9. I understand that additional information may be requested by the department to verify requirements have been met, and that the department may make unannounced onsite visits. I will keep a copy of the course schedule available at the training site.

____ yes 10. I understand that this application must be received by Health Occupations Credentialing (HOC) at least three weeks (21 days) prior to the start date of the class. If a request for waiver is included, both must be received by HOC four weeks (28 days) before the course start date. All late applications will be returned.

____ yes 11. I understand that no nurse aide who is employed by, or who has received an offer of employment from, a Medicare/Medicaid facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials). CFR 483.152(c)(1)

**CNA COURSE**

____ yes 1. The task checklist will be completed at the conclusion of Part I. The original will be given to the student.

**CMA COURSE and 20-HR HHA COURSE,**
Which method of prescreening and testing will be utilized for students intending to take this course?

____ CASAS ____ Other (specify standardized test) _____

____ yes 1. I have verified with the Kansas Board of Regents that the test version used will test reading and comprehension at an eighth grade level.

**CMA CONTINUING EDUCATION COURSE ONLY:**

____ yes 1. The course will include a minimum of 10 hours of instruction in any or all of the following topics:

a. New classes of drugs and new drugs
b. New uses of drugs
c. New methods of administering drugs
d. Alternative treatments such as herbs, acupuncture, interaction with traditional drugs
e. Safety and administration of drugs
f. Documentation

**CNA REFRESHER COURSE ONLY:**

____ yes 1. The course will include a minimum of five hours of didactic and five hours of lab or clinical experience.

____ yes 2. The course will include didactic instruction on each of the following 9 topics and will also include lab or clinical instruction for items #4 through 9:

1. The nurse aide's responsibility in health care delivery
2. Communication
3. Resident's rights (including preventing and reporting ANE)
4. Safety, including the Heimlich maneuver
5. Infection control (including handwashing)
6. Bedmaking
7. Personal care skills (feeding, bathing, dressing, elimination needs, skin care)
8. Transfers, positioning and turning
9. Measurement and recording of vital signs

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments.

_____ _____

**Coordinator Signature** **Instructor Signature**

**Please review the application verifying that the following items have been completed on the Application for Approval of Training Course. Return this checklist along with the three pages of the application.**

Page 1:

☐ Course type is checked.

☐ Course beginning and ending dates are provided. HOC will receive the application at least 3 weeks (21 days) prior to the start date; 4 weeks (28 days) if a request for waiver is included with the application.

☐ Sponsor, clinical and classroom information is provided with the sponsor's license/ID # and the clinical site's license #.

☐ Class days and times are provided.

☐ Table of course hours is filled to meet the minimum requirements for the course:

**90-Hour CNA:** at least 40 hours in part I and 50 hours in part II with a 50/50 ratio of class to clinical in part I and part II;

**75-Hour CMA:** at least 75 hours of training including at least 25 hours of clinical training;

**20-Hour HHA:** at least 20 hours of instruction, clinical training is optional;

**CMA Continuing Education:** at least 10 hours of instruction in prescribed topics;

**OTA/PTA Bridge:** at least 8 hours in part I of which at least 4 hours are classroom instruction and 4 hours are clinical training and 16 hours in part II with at least 8 hours of classroom instruction and 8 hours of clinical training;

**30-Hour Bridge:** at least 15 hours of classroom instruction and 15 hours of clinical training;

**CNA Refresher Course:** at least 5 hours of didactic and 5 hours of lab or clinical instruction.

Page 2 and 3:

☐ The specific course attestations have been provided.

☐ Coordinator has signed.

☐ Instructor has signed.

Page 4:

☐ Page 4 has been completed and will be returned along with the application.

Other:

☐ If time allows and there is a problem with this course application, please call, using phone numbers provided, the:
☐ Instructor ☐ Coordinator

☐ Please mail all correspondence to me and not to the sponsor listed on the front page:

_____
Name Organization

_____
Address City State Zip

_____ _____ _____/_____/_____
Person Submitting This Application Signature Date

**Return application including the checklist (4 pages required; 5th page is optional) with any necessary attachments to:**

Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

Phone number: (785) 296-6796
Fax number: (785) 296-3075
dstaab@kdhe.state.ks.us
Web site: www.kdheks.gov/hoc

Revised 11/21/2006 C:\MyFiles\ds\AIDEcourses\Forms\CRSEAPPRV.Nov2006.frm

## ADDITIONAL INFORMATION

Is this course a Distance Learning Network, Interactive Network or similar type course? ☐ Yes ☐ No

Please list additional instructors, classroom and clinical sites here.

▪**Instructor Name** _____ Instructor's ID# ___ ___ ___ ___ ___ ___

▪KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

▪Current Address: _____
Street City Zip

Current Phone # ( ) _____ E-Mail Address: _____

▪**Instructor Name** _____ Instructor's ID# ___ ___ ___ ___ ___ ___

▪KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

▪Current Address: _____
Street City Zip

▪Current Phone # ( ) _____ E-Mail Address: _____

▪**Instructor Name** _____ Instructor's ID# ___ ___ ___ ___ ___ ___

▪Current Address: _____
Street City Zip

▪KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

▪Current Phone # ( ) _____ E-Mail Address: _____

▪**Instructor Name** _____ Instructor's ID# ___ ___ ___ ___ ___ ___

▪Current Address: _____
Street City Zip

▪KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

▪Current Phone # ( ) _____ E-Mail Address: _____

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Clinical Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

**Clinical Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

**Clinical Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

KANSAS ADMINISTRATIVE REGULATIONS
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
RULES AND REGULATIONS FOR CERTIFICATION OF HOME HEALTH AIDES

**28-51-100. Definitions.** (a) "Administrator" means either a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care, or a qualified health professional.

(b) "Admission note" means a dated notation that is written by a professional member of the health team after the initial assessment of a patient and that documents the relevant diagnoses; the patient's health history; environmental, safety, and social factors of the patient's home; the patient's nutritional requirements, medications, and treatments; and the patient's physical and mental levels of functioning.

(c) "Branch office" means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office shall be part of the home health agency and shall be located close to share administration, supervision, and services in a manner that renders it unnecessary for the branch to independently meet the conditions of licensure as a home health agency. Each branch office shall be within 100 miles of the parent agency.

(d) "Bylaws" means a set of rules adopted by a home health agency for governing the agency's operation.

(e) "Clinical record" means a legal document containing facts that meet the following criteria:

(1) Provide a basis for planning and implementing the patient's care program;

(2) indicate the patient's status and response to treatment;

(3) serve as a record of communication for the professional groups responsible for the patient's care; and

(4) serve as a repository of data that can be used to review and evaluate the care provided.

(f) "Dietitian" means a person who is licensed by the Kansas department of health and environment as a dietitian.

(g) "Direct supervision" means that the supervisor is on the facility premises and is accessible for one-on-one consultation, instruction, and assistance, as needed.

(h) "Discharge summary report" means a concise statement, signed by a qualified health

professional, reflecting the care, treatment, and response of the patient in accordance with the patient's plan of care and the final disposition at the time of discharge.

(i) "Home health aide" means an individual who has a home health aide certificate issued by the licensing agency as specified in K.A.R. 28-51-113.

(j) "Home health aide trainee" means an individual who meets either of the following:

(1) The individual has completed a 90-hour nurse aide course prescribed in K.A.R. 28-39-165.

(2) The individual's training has been endorsed as specified in K.A.R. 28-51-115.

(k) "Licensed nursing experience" means experience as a registered nurse or licensed practical nurse.

(l) "Licensing agency" means the Kansas department of health and environment.

(m) "Occupational therapist" means a person who is licensed with the Kansas state board of healing arts as an occupational therapist.

(n) "Occupational therapy assistant" means a person who is licensed with the Kansas state board of healing arts as an occupational therapy assistant.

(o) "Parent home health agency" means a home health agency that develops and maintains administrative control of subunits or branch offices, or both.

(p) "Physical therapist" means a person who is licensed with the Kansas state board of healing arts as a physical therapist.

(q) "Physical therapist assistant" means a person who is certified by the Kansas state board of healing arts as a physical therapist assistant.

(r) "Physician" means a person licensed in Kansas or an adjoining state to practice medicine and surgery.

(s) "Plan of care" means a plan based on the patient's diagnosis and the assessment of the patient's immediate and long-range needs and resources. The plan of care is established in consultation with the home health services team. If the plan of care includes procedures and services that, according to professional practice acts, require a physician's authorization, the plan of care shall be signed by a physician and shall be renewed every 62 days.

(t) "Progress note" means a dated, written notation by a member of the home health services team summarizing the facts about the patient's care and response during a given period of time.

(u) "Qualified health professional" means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.

(v) "Registered nurse" means a person who is licensed by the Kansas state board of nursing as a registered professional nurse.

(w) "Respiratory therapist" means a person who is licensed by the Kansas state board of healing arts as a respiratory therapist.

(x) "Simulated laboratory" means an enclosed area that is in a school, adult care home, or other facility and that is similar to a home setting. In a simulated laboratory, trainees practice and demonstrate basic home health aide skills while an instructor observes and evaluates the trainees.

(y) "Social worker" means a person who is licensed by the Kansas behavioral sciences regulatory board as a social worker.

(z) "Speech therapist" means a person who is licensed by the Kansas department of health and environment as a speech-language pathologist.

(aa) "Summary report" means a concise statement, signed by a qualified health professional, that reflects the care and treatment given and the response by the patient.

(bb) "Supervision" means the authoritative procedural guidance that is given by a qualified health professional. This term shall include initial direction and periodic inspection of the act of accomplishing the function or activity. (Authorized by and implementing K.S.A. 65-5109; effective, T-86-23, July 1, 1985; amended May 1, 1987; amended Feb. 28, 1994; amended Dec. 29, 2003; amended Oct. 27, 2006.)

**28-51-108. Home health aide services.** Each home health aide shall be supervised by a registered nurse and shall be given written instructions for patient care prepared by a qualified health professional. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5101; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended March 12, 1990; amended Feb. 28, 1994; amended Dec. 29, 2003.)

**28-51-112. Home health aide training program.** (a) Each individual employed or contracted by a home health agency who is not licensed or registered to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to

patients shall meet the training requirements in K.A.R. 28-51-113 through K.A.R. 28-51-116.

(b) This regulation shall not apply to any individual providing only attendant care services as defined in K.S.A. 65-6201, and amendments thereto. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994; amended Oct. 27, 2006.)

**28-51-113. Home health aide training program.** (a) Each home health aide candidate shall be a Kansas-certified nurse aide in good standing on the public nurse aide registry and complete a 20-hour home health aide course approved by the licensing agency.

(b) Upon completing a home health aide course as specified in subsection (a) of this regulation, each home health aide shall be required to pass a state test as specified in K.A.R. 28-51-116.

(c) Each person who completes the requirements specified in subsections (a) and (b) of this regulation shall be issued a home health aide certificate by the licensing agency and shall be listed on the public nurse aide registry.

(d) Each home health aide trainee shall be allowed to provide home health aide services to clients of the home health agency under the supervision of a registered nurse.

(2) Each home health aide trainee who completes an approved 20-hour course shall be issued a home health aide certificate by the licensing agency, upon completion of the requirements specified in subsections (a) and (b) of this regulation, within 90 days from the beginning date of the initial course in order to continue employment providing home health aide services. Home health aide trainee status shall be for one 90-day period only.

(3) Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour home health aide course may work for a home health agency as a home health aide trainee. The home health agency's registered nurse shall retain in the trainee's personnel file a department-approved form attesting that the trainee has met the minimum competencies for a home health aide trainee.

(e) Each 20-hour home health aide course shall be administered according to the following criteria:

(1) Any person issued a nurse aide certificate by the licensing agency or enrolled in a 90-hour nurse aide course as specified in K.A.R. 28-39-165 may enroll in a 20-hour home health aide course after being prescreened and tested for reading comprehension at an eighth-grade level.

(2) Each 20-hour course shall be sponsored by one of the following:

(A) A home health agency;

(B) a postsecondary school under the jurisdiction of the state board of regents; or

(C) a postsecondary school accredited by the north central association of colleges and schools.

(3) A home health agency shall not sponsor or provide clinical instruction for a 20-hour home health aide course if that home health agency meets any of the conditions listed in 42 C.F.R. 484.36(a)(2)(i), as in effect on October 1, 2001, which is hereby adopted by reference.

(4) Each 20-hour course shall be prepared and administered in accordance with the guidelines established by the licensing agency in the "Kansas certified home health aide guidelines (20 hours)," dated July 1, 2005, and the "Kansas home health aide sponsor and instructor manual,"excluding the appendices, dated July 1, 2005, which are hereby adopted by reference.

(f) No correspondence course shall be accepted as a 20-hour home health aide course.

(g) Distance-learning educational offerings and computer-based educational offerings shall meet the requirements specified in subsection (e) of this regulation. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)

**28-51-114. Home health aide course instructors.** (a) Each instructor for the 20-hour course shall meet the following requirements:

(1) Each person who intends to be a course instructor shall submit a completed instructor approval application form to the licensing agency at least three weeks before offering an initial course and shall be required to receive approval as an instructor before the first day of an initial course.

(2) Each instructor shall be a registered nurse with a minimum of two years of licensed nursing experience, including at least 1,750 hours of experience in the provision of home health care services.

(b) Each instructor and course sponsor shall be responsible for ensuring that the following requirements are met:

(1) Each student in a 20-hour home health aide course shall be prescreened and tested for reading comprehension of the written English language at an eighth-grade reading level before enrolling in the course.

(2) A completed course approval application form shall be submitted to the licensing agency at least three weeks before offering the course. Approval of the course shall be obtained from the licensing agency at the beginning of each course whether the course is being offered initially or after a previous

approval. Each change in course location, schedule, or instructor shall require prior approval by the licensing agency.

(3) All course objectives shall be accomplished.

(4) Health care professionals with appropriate skills and knowledge may be selected to conduct any part of the training. Each health care professional shall have at least one year of experience in the subject area in which the individual is providing training.

(5) Each person providing a portion of the training shall do so under the direct supervision of the instructor.

(6) If clinical instruction is included in the course, each student shall be under the direct supervision of the instructor.

(7) During the clinical instruction, the instructor shall perform no other duties than the provision of direct supervision to the students.

(8) The 20-hour home health aide course shall be prepared and administered in accordance with the guidelines in the "Kansas certified home health aide guidelines (20 hours)" and the "Kansas home health aide sponsor and instructor manual," as adopted in K.A.R. 28-51-113.

(c) Any instructor or course sponsor who does not fulfill the requirements of this regulation may be subject to withdrawal of approval to serve as a course instructor or a course sponsor. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)

**28-51-115. Allied health training endorsement for home health aide.** (a) Each person who meets one of the following conditions shall be deemed to have met the requirements of K.A.R. 28-51-113(a) and shall be eligible to take the state test as specified in K.A.R. 28-51-116:

(1) The person has been licensed in Kansas or another state, within 24 months from the date of application, as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual's license.

(2) The person is currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the individual's license.

(3) The person has received training from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement. Training shall have

included a basic skills component comprised of personal hygiene, nutrition and feeding, safe transfer and ambulation techniques, normal range of motion and positioning, and supervised clinical experience in geriatrics.

(b) Each person qualified under subsection (a) of this regulation shall receive written notice from the licensing agency that the person is eligible to take the state test. Upon receiving written approval from the licensing agency, that person may be employed by a home health agency as a home health aide trainee to provide patient care on behalf of the home health agency. Each person employed as a home health aide trainee shall be certified as a home health aide by the licensing agency, upon successful completion of the requirements specified in K.A.R. 28-51-113(a) or subsection (a) of this regulation, within one 90-day period starting from the date of approval, in order to continue employment providing home health aide services on behalf of the home health agency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)

**28-51-116. State home health aide test eligibility**. (a) Each person shall have a maximum of three attempts per year from the beginning date of the course to pass the state written test after successfully completing an approved 20-hour course pursuant to K.A.R. 28-51-113.

(1) If the person does not pass the state test within one year from the starting date of taking an approved 20-hour course, the person shall retake the entire course to be eligible to retake the state test.

(2) If a person whose training has been endorsed as specified in K.A.R. 28-51-115 does not pass the state test on the first attempt, the person shall complete an approved 20-hour course as specified in K.A.R. 28-51-113 before retaking the state test.

(3) The state test shall be comprised of 30 multiple-choice questions for persons who have successfully completed an approved 20-hour course or have successfully completed training that has been endorsed as specified in K.A.R. 28-51-115. A score of 22 or higher shall constitute a passing score.

(b) Each home health aide trainee shall pay a nonrefundable application fee of $20.00 before taking the state test. A nonrefundable test application fee shall be required each time the test is scheduled to be taken. Each person who fails to take the state test and who has made payment for the test shall submit another fee before being scheduled for another opportunity to take the test.

(c) Each course instructor shall collect the application fee for each home health aide trainee eligible to take the state test and shall submit the fees, class roster, and application forms to the licensing agency or its designated agent.

(d) Each person who is eligible to take the state test and who has submitted the application fee

and application form shall be issued written approval, which shall be proof of eligibility to sit for the test.

(e) Any reasonable test accommodation or auxiliary aid to address a disability may be requested by any person who is eligible to take the state test.

(1) A request for reasonable accommodation or auxiliary aid shall be submitted each time a candidate is scheduled to take the test.

(2) No test shall be given orally or by a sign language interpreter since reading and writing instructions or directions is an essential job task of a home health aide.

(3) Each person requesting a test accommodation shall submit an accommodation request form along with an application form to the instructor. The instructor shall forward these forms to the licensing agency or its designated agent at least three weeks before the desired test date. Each instructor shall verify the need for the accommodation by signing the accommodation request form.

(f) Each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to one additional hour may be offered to persons with limited English proficiency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## INSTRUCTOR APPLICATION FOR CNA, CMA AND HHA TRAINING COURSES

Mark type of course. ☐ Nurse Aide Curriculum ☐ Home Health Aide Curriculum ☐ Medication Aide Curriculum

KDHE OFFICE USE ONLY

| | | | |
|---|---|---|---|
| Instructor ID #_____ | CNA | Approval Date____-____-____ | Disapproval Date____-____-____ |
| Reviewer Signature _____ | CMA | Approval Date____-____-____ | Disapproval Date____-____-____ |
| | HHA | Approval Date____-____-____ | Disapproval Date____-____-____ |

Following approval, please use the six-digit Instructor ID# which has been assigned by the department. Include the assigned Instructor ID# on all future correspondence with the department. Be sure to notify this office of any name or address changes.

**Type or print** in all information that is requested. This application should be received by the department at least three weeks prior to offering an initial nurse aide, home health aide or medication aide training course.

**APPLICANT, PLEASE NOTE:** The attached CNA-CMA-HHA Instructor Employment Verification forms **must** be completed by current/former employer(s) for **each reference** listed on the application. All employment verifications must be received by Health Occupations Credentialing before the application can be processed.

**Applicant Information**

Name_____
First MI Last Other

Social Security Number___ ___ ___ - ___ ___ - ___ ___ ___ ___ Date of Birth _____/_____/_____

Mailing Address_____
Street City State Zip

Home Address _____
Street City State Zip

Phone # (home) ( )_____ (work) ( )_____ CNA ID number (if applicable)? _____

E-mail address _____

Kansas Licensure # (LPN/RN) ___ ___/___ ___ ___ ___ ___ ___/___ ___ ___ Expiration Date ___-___
mm yr

## Minimum Qualifications for Instructor Approval

**NURSE AIDE INSTRUCTOR:**
According to state and federal standards, each course instructor must be a registered nurse and have a minimum of two years' licensed nursing experience. At least one year must be as a full-time licensed nurse in a setting which demonstrates long-term geriatric nursing care, such as an adult care home or a distinct-part long-term care unit or a state institution for the mentally retarded. Additionally, all nurse aide instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.

To document alternative long-term care setting: "Alternative Practice Setting Experience" form is available upon request.

**HOME HEALTH AIDE INSTRUCTOR:**
According to state and federal standards, each instructor of a home health aide course must be a registered nurse and have direct work experience in the provision of home health care. In order to qualify as an approved instructor, the state requires that the candidate be a registered nurse with a minimum of two years' licensed nursing experience. At least one year must be as a full-time licensed nurse in home health care services.

To document alternative home health care setting: "Alternative Practice Setting Experience" form is available upon request.

**MEDICATION AIDE INSTRUCTOR:**
Each instructor must be a current registered nurse and have a minimum of two years' full-time professional work experience in administering medications.

**Employment Information (Licensed Nursing Experience)**
Please provide only the employment information on the following pages that directly demonstrates that you meet the instructor qualifications previously described. If additional space is needed, please follow the same format as this form. A resume may not be substituted for the information requested in this section.

| Employer's Name | TO EQUAL 100% | DESCRIPTION OF JOB DUTIES |
|---|---|---|
| Employer's Address | | |
| Kind of Business | | |
| Your Job Title | | |
| From: _____ mm / dd / yr To: _____ mm / dd / yr | | |
| Hours Per Week | | |

If you supervised employees, please indicate the number and type of work they did. Number of aides _____
Type of Work_____ Dispensed Medication_____
**Employment Verification Attached** _____

| Employer's Name | TO EQUAL 100% | DESCRIPTION OF JOB DUTIES |
|---|---|---|
| Employer's Address | | |
| Kind of Business | | |
| Your Job Title | | |
| From: _____ mm / dd / yr To: _____ mm / dd / yr | | |
| Hours Per Week | | |

If you supervised employees, please indicate the number and type of work they did. Number of aides _____
Type of Work_____ Dispensed Medication_____
**Employment Verification Attached** _____

| Employer's Name | TO EQUAL 100% | DESCRIPTION OF JOB DUTIES |
|---|---|---|
| Employer's Address | | |
| Kind of Business | | |
| Your Job Title | | |
| From: _____ mm/dd/yy To: _____ mm/dd/yy | | |
| Hours Per Week | | |

If you supervised employees, please indicate the number and type of work they did. Number of aides _____
Type of Work_____ Dispensed Medication_____
**Employment Verification Attached** _____

Adult Education Training Course

| Training School Name | TRAINING COURSE IN ADULT EDUCATION MAY BE DOCUMENTED BY SUBMISSION OF POST-SECONDARY TRANSCRIPT |
|---|---|
| School Mailing Address | |
| Dates of Attendance<br>From: _____ To: _____<br>mm/dd/yy mm/dd/yy | |

**NOTE**: Course instructors and sponsors are responsible for being knowledgeable of and adhering to all pertinent statutes, regulations, policies or administrative guidelines in making application for course approval including but not limited to Kansas Statutes Annotated 39-926, Kansas Administrative Regulations 28-39-164 through 168, 28-39-169a through 169c, and/or KAR 28-51-100, 108, 112 through 116, the Kansas 90-Hour Nurse Aide, Home Health Aide, and/or Medication Aide Curriculum Guidelines.

**Signature of Applicant**: I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments. I do hereby acknowledge that it is my responsibility to obtain employment verification from current/previous employer(s) for each reference listed on the application. I am fully aware that failure to provide this information to Health Occupations Credentialing will delay the processing of this application.

Signature _____ Date_____

Please complete all the employment information that demonstrates that you meet the instructor qualifications and attach the employment verification forms which have been completed by each employer and return to:

Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

Phone number: (785) 296-6877
e-mail address: kfritts@kdhe.state.ks.us

KDHE OFFICE USE ONLY

CNA Instructor # _____ Approval Date____-____-____ Disapproval Date____-____-____

CMA Instructor # _____ Approval Date____-____-____ Disapproval Date____-____-____

HHA Instructor # _____ Approval Date____-____-____ Disapproval Date____-____-____

Reviewer Signature _____

Comments:

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HEALTH OCCUPATIONS CREDENTIALING
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

# CNA-CMA-HHA INSTRUCTOR EMPLOYMENT VERIFICATION

**APPLICANT: COMPLETE THIS SECTION**
(Photocopy as needed and send to each employer listed on your application.)

Social Security Number _____-_____-_____ RN License Number _____/_____/_____

Name _____
(Last) (First) (M.I.)

Other Names Used _____

Address _____
(Street) (City/State) (Zip)

Phone Number (Home) _____ (Work) _____

By my signature, I authorize the release of employment verification from the facility named below to the Kansas Department of Health and Environment.

Signature _____ Date _____

**EMPLOYER: COMPLETE THIS SECTION**

Name of Facility _____ Telephone number (____) _____

Address _____

Type of facility: Adult Care Home _____ Hospital_____ Home Health Agency _____ Other (Explain) _____

Comments: _____

_____

_____

I certify that the individual named above is/was employed by me as an LPN or RN (Circle one)

from _____ to _____.

This individual was employed as a licensed nurse as follows **(number of hours per week must be included)**:

In an adult care home or distinct-part long term care unit from _____ to _____ Hours per week: _____

In home health care services from _____ to _____ Hours per week: _____

Other licensed nursing experience from _____ to _____ Hours per week: _____

Experience in administering medication _____Yes _____No

Please explain if other licensure setting _____

Signature _____ Date _____

Title _____

## Alternative Practice Setting Experience for HHA Instructor Applicants

Applicants to become HHA course Instructors must meet federal and state qualification requirements. In some cases, applicants have difficulty documenting all applicable qualifications. Consideration may be given to experience in a (state-licensed) setting which demonstrates hospice nursing care (BHF Regulation Interpretation No. 03-1). At the request of the applicant, KDHE will review information submitted directly from employer(s). If it can be determined, based upon this documentation, that experience is substantially equivalent to the requirements specified in regulation, the applicant may be approved. (This information is in addition to the regular Instructor Application form which must also be submitted.)

### Instructor Information

Name: _____ Phone Number: _____

Address: _____

### Employer Documentation Requirements

Two items of information are required to be submitted to Health Occupations Credentialing by an administrative or medical records representative: **(1) Practice Setting narrative report, (2) Checklist** (below). Please report information under **(1) Practice Setting separately in narrative format**. The narration should include objective data which supports or delineates the type of setting in which the applicant practiced.

(1) **Practice Setting.** Identify the applicant, dates of employment, number of hours per week and estimated weeks employed (in total). **In your attached report**, please describe the following objectively, with supporting data for the time period the applicant was employed:

- type of practice setting
- patient/resident/client average census
- frequency of and type of procedures related to home health care

(2) **Checklist.** Verify, where applicable, information about the applicant's experience with caring for a population in the home, providing the types of care outlined on attached checklist (please mark and comment as appropriate).

**Return this page and completed "Practice Setting" report and "Alternate Setting Nursing Experience" to:**

HHA Instructor Approval
Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka KS 66612-1365

## Checklist/verifying documentation

| **Description of nursing or nursing related care** at: _____ Name of agency/city/state | **Applicant experience? Mark all-with Yes or No** | **Optional--additional specific information** |
|---|---|---|
| **Communication skills** | | |
| **Observation, reporting and documentation of** patient status and the care or service furnished | | |
| **Basic nursing skills which should include**: reading and recording temperature, pulse and respiration, recognizing abnormal changes in body functions | | |
| **Adequate nutrition and fluid intake** | | |
| Maintaining a **clean, safe and healthy environment** | | |
| Recognizing **emergencies** and knowledge of **emergency procedures** | | |
| Using appropriate and safe techniques in **personal hygiene and grooming** that include bathing; nail, skin and mouth care; toileting and elimination | | |
| **Basic restorative services** which may include tasks such as training client in self-care to the clients' abilities, use of assistive devices (such as walkers, large-grip utensils, toilet seat risers, hand-rails), normal range of motion and positioning, safe transfer techniques and ambulation | | |
| Caring for the **physical, emotional, and developmental needs** of the populations served by a home health agency, including respect for the patient, his/her privacy and his/her property | | |
| Basic **infection control** procedures | | |

This form is in reference to employment of: _____ who has applied to KDHE to be an approved HHA course instructor. I have completed this form accurately and can substantiate this information if necessary: Instructor's phone number: _____

_____

**(Name of person completing form/title/date)**

_____ _____

**(Name of facility/agency)** **(Phone number)**

**********

KDHE REVIEWER: _____/date_____

❑ APPROVED

❑ NOT APPROVED/COMMENTS: _____

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# 20-HOUR HOME HEALTH AIDE
# CLASS SCHEDULE AND CONTENT

The course outline and class schedule is required for each course. KDHE may request a copy. Please indicate the date(s), time(s), number of hours, and if it is being taught during class or clinical on each topic. Do not use an "X" when indicating hours.

| Date(s) | Time(s) | Class Topics | Hours | Class | Clinical |
|---|---|---|---|---|---|
| | | UNIT 1 - ORIENTATION TO HOME CARE | | | |
| | | UNIT 2 - WORKING WITH PEOPLE | | | |
| | | UNIT 3 - HOME MANAGEMENT | | | |
| | | UNIT 4 - NUTRITION AND MEAL PREPARATION | | | |
| | | UNIT 5 - ADAPTING PERSONAL CARE ACTIVITIES IN THE CLIENT'S HOME | | | |
| | | UNIT 6 - MOTHER AND BABY CARE | | | |
| | | UNIT 7 - OBSERVING CLIENT'S MEDICATION | | | |
| | | UNIT 8 - SPECIAL PROCEDURES AND EMERGENCY CARE | | | |
| | | UNIT 9 - REPORTING, DOCUMENTATION AND OBSERVATION | | | |

TOTAL CLASS HOURS _____ TOTAL CLINICAL HOURS _____

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# Home Health Aide Trainee - Documentation of Competency for Employment

*42 CFR 484.36 "Home health aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care..."*

## If you are verifying the trainee status of a CNA in order to employ him/her in the home setting, you must attest to all of the following:

1. Name of trainee: _____

   Address: _____

   Telephone number: _____

   CNA certificate number: _____

   KNAR confirmation has been received and trainee is eligible for employment, with no prohibitions, due to criminal convictions(s), or findings of abuse, neglect, or exploitation.
   Date KNAR contacted: _____
   Confirmation notice: ☐ is enclosed ☐ will be sent upon its receipt

2. Trainee is enrolled in a KDHE - approved 20-hr. Home Health Aide training course:

   _____ _____ _____
   course number start date end date

3. Trainee will complete training and testing on or before 90 days from the date this attestation has been signed: ☐ YES ☐ NO

4. Competency has been demonstrated on a person for these tasks, and I attest the trainee is competent in all areas: range of motion, bed bath, shower or tub or sponge bath.
   ☐ YES ☐ NO

5. I have discussed the following topics with the trainee and have determined through written, oral or observational assessment and examination that the trainee has adequate understanding and ability to perform duties and provide services on behalf of the home health agency in all the applicable areas which includes:

   ☐ Responding to home emergencies
   ☐ Caring for the diverse home care populations (ages, genders, cultural and/or

religious beliefs, chronic illnesses and disabilities, rehabilitation needs, varied medical or health care needs, assisting and observing medication)

- ☐ Reporting to supervisor (on topics such as changes in condition, inflammation, bleeding, new complaints, psychosocial needs)
- ☐ Communicating with other persons who may be in the home (family, friends, neighbors)
- ☐ Other topics deemed important for this individual's competence: _____

6. I believe that _____ is competent to serve as a trainee and function independently within an appropriate level of assigned tasks as determined through supervision, instruction, assessment by a licensed registered nurse.

---

**I understand that as a licensed registered nurse, attesting to the competence of this individual I am accountable for the appropriateness of tasks and clinical performance of this individual until the individual has completed the certification test administered by the Kansas Department of Health and Environment. I understand that if, for any reason, these conditions change (course cancelled, not completed, performance deemed substandard, failed certification test), the individual may not continue to be employed as a home health aide trainee at this home health agency.**

Name: _____

Title: _____

RN license number: _____ Expiration date _____

Address: _____

City, State, Zip: _____

Signature: _____

Home health agency name: _____

Address: _____

City, State, Zip: _____

Phone Number _____

E-Mail: _____

State license or federal ID number: _____

**Retain a copy for agency personnel file**

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Cumulation of Comments/Responses to HHA Trainee Program:

1. *CNA and HHA are not interchangeable. HHA courses help to prepare the employee to provide care on their own along with working on judgment and decision-making skills.*

HOC staff compared the federal regulations for CNA and HHA courses and found significant consistency. The 20-hour HHA module focuses on subjects that have been identified under item 5 of the form. It appears that this meets the intent of the regulations, both federal and state, that the trainee status is conferred upon someone who is minimally qualified. To be fully qualified, the trainee must complete the 20-hr. module.

2. *Experienced nursing staff says that nurse aides utilize the skills of normal ROM, bed baths, and shower/tub/sponge baths on a daily basis.*

This varies by facility. Because of this fact and because of the significant safety concerns involved, the staff felt requiring a demonstration of these skills was imperative to meet the conditions of the federal regulations. Showering a resident in a wheelchair shower that is built specially for the facility is considerably different from assisting a homebound person in their own shower which may be quite different in terms of space, the configuration, etc.

3. *Is completing training and testing on or before 90 days from the date of the attestation really a feasible time frame?*

Actually this is already a requirement for training. That is, in the law it states that " . . . The secretary [KDHE] may require, as a condition of continued employment by a home health agency that home health aides, after 90 days of employment, successfully complete an approved course of instruction and take and satisfactorily pass an examination prescribed by the secretary . . . " Requiring that the 20-hr course and test be successfully completed with three months of being deemed a trainee seems feasible.

4. *Assisting and observing medications is inappropriate use of HHA or CNA.*

This is not "administration" of medications. It simply refers to monitoring and assisting activities related to self-administered medications. This already is an approved function of the home health aide. Home health aides may not set up, dispense, or give a medication to a patient. They may give verbal cues, reminders and observe the patient as he/she takes medications.

5. *Some nurses express concern for signing this document–possibly because of lack of trust with the State Surveyors.*

Clearly one should not sign a document without feeling comfortable. It is considered a binding agreement. However, it is virtually the same as instructors signing off on the Part I Task Checklist for the nurse aide training. The risk is probably similar to any supervisory relationship or delegation of

tasks by a professional to a paraprofessional or unlicensed assistant: you are ultimately responsible for assuring that a task is appropriately assigned by virtue of your nursing judgment and the training and education you have assessed of the individual. State surveyors and supervisors are provided guidance on this.

6. *Can the use of technology to offer HHA classes be encouraged? When courses (even the 20-hr HHA module) are offered more than 100 miles away, even a four-day course is burdensome. Couldn't satellite or computers be used?*

Certainly! HOC has approved a variety of distance-learning methods. The course provider needs to contact Dolores Staab, Health Occupations Credentialing, to review the course methodology and technology, and make appropriate application.

7. *I don't think it is unreasonable to give agencies 6-months to get a nurse aide certified as a home health aide.*

Please refer to comment/response under item #3, above. It is specified in the state law that the secretary may make this requirement. Six months is not acceptable at this time.

8. *Draft of the CNA "in training" to get HHA certification looks fine to me.*

9. *Smaller agencies may have a tough time getting in-house teachers. If they have to be certified, it would be too costly & time-consuming to get someone approved.*

The requirements for being an approved instructor are two years of professional nursing experience, one year of which is in the home health setting. For the 20-hour course, the instructor must make application to the department with the appropriate credentials and experience verification. The course may include instruction and supervision by those who are professional nurses working in the home health agency, but the overall supervision must be by an approved instructor.

10. *Overall, positive move for HH agencies. Concern for the availability of class within the specified time frame, or, chances of the course being cancelled. That leaves the agency AND the aide at a disadvantage (time/money invested, then abrupt change in status affecting their benefits such as insurance).*

Certainly it is a risk, and KDHE recognizes that fact. The agency and employee would have to jointly assess the risk to the benefit and act accordingly. Please remember, KDHE is not mandating this–it is an option for the agency and the employee.

11. *Concern that agencies will want to wait until they are assured the CNA is actually taking the course and the employee will want to make sure they can access a class in the required time frame prior to hiring–both are at risk!*

Exactly. See response to item #11, above.

12. *Problems with no classes and cancellations. There are no skills or clinical involved in the 20-hr. curriculum, so even then we as nurses have to test their competency on those skills (ROM, bathing). These are skills in the CNA curriculum and they are checked through the 40-hr. checklist.*

The skills are included in the curriculum of the nurse aide training, but skills demonstration is not required for all of these tasks. Some of these are checked, but the new task list allows for a choice in the bathing task. Therefore, a nurse aide may have been taught all the types of bathing, but may not have demonstrated, for skills assessment purposes, each type of bath. It is not required under federal regulations governing nurse aide training, for the trainee to demonstrate all methods of bathing. A bed bath demonstration is required under federal HHA competency standards, and "sponge, tub, *or* shower bath." The competency assessment of these tasks was determined to be potentially absent, therefore, having the nurse aide demonstrate them was essential to assuring that federal standards are being met.

13. *The aide should receive the HHA certification, but it's difficult. Can there be a waiver of some sort if the aide isn't able to complete it in the time frame? Are there enough home health nurses to meet the criteria to teach classes within agencies now?*

At this time the department cannot offer "waivers." Just as with nurse aide trainee II status, there is a limited amount of time specified in statute and regulation that the individual may be employed without meeting the certification criteria. After that time, the individual may not be employed as a trainee II. The certification requirements must be completed in order for the person to be eligible for employment status.

14. *HH agencies must keep a copy of the trainee form to document the aide's status for surveyor. Aide needs to be competent to provide all care and be trained to know how to respond if, say, the patient's plan of care says "shower" but the patient refuses and*

*wants a sponge bath or bed bath. Surveyors probably should be checking all trainee documentation.*

In reviewing the process, it was determined that the attestation is similar to the nurse aide task checklist which is required to be kept as documentation that a nurse aide trainee II has been deemed competent to be employed. Therefore, this attestation will similarly be required to be maintained in the individual's personnel record which may be reviewed by surveyors. Because there is no provision for "home health trainee" period on the current data base, it will not be required to be submitted to KDHE. If the form is completed correctly and accurately, the person's name should appear on a roster for a 20-hr. home health aide course which is all the documentation needed.

Sample Home Health Aide Examination Questions

Directions: This sample test contains questions required for caring for a resident in a home. In taking this sample test and in taking the state test itself, it is important to:

1. Read each question carefully.
2. Choose the ONE correct answer for the questions.
3. Using a #2 pencil darken the entire box before the letter A, B, C, or D that precedes the correct answer you have chosen.
4. Try to answer all the questions, but do not spend too much time on any one question.

Your score will be the number of questions you answer correctly in the time allowed. Any questions left unanswered will be marked incorrect and will count against your total score.

Sample Questions

1. In caring for a newborn infant while the umbilical cord is still attached, the infant should
   a. not be bathed until the cord heals
   b. be submerged carefully in water for a bath
   c. not be submerged in water until the cord heals
   d. be bathed in a sink or baby tub

2. When the aide is assigned to care for a client who is quite ill and shows signs of being close to dying, the aide should
   a. not bother to bathe the client
   b. change the client's position frequently
   c. keep the family members out of the client's room
   d. assume the client cannot hear if he/she appears unconscious

3. A client is paralyzed on the right side. This client should have
   a. passive range of motion done by the physical therapist
   b. no range of motion done because there is no hope of recovery
   c. active range of motion because the client is responsible for his/her own improvement
   d. passive range of motion to the right side, active range of motion to the left side

4. Caring for a client with dentures includes
   a. helping the client rinse out his/her mouth before the dentures are replaced
   b. storing dentures in tissue in the drawer when not in use
   c. cleaning dentures with disinfectant
   d. giving mouth care less frequently since the teeth won't decay.

5. Which of the following is a basic emotional need of a person?
   a. to be dependent upon others
   b. to enjoy the company of others
   c. to be wealthy
   d. to be criticized by others

Answers on back of page

ANSWERS: 1-c, 2-b, 3-d, 4-a, 5-b

DATE — Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC — Day — Year

ID NUMBER

LAST NAME — FIRST NAME — MI

IMPORTANT

USE NO. 2 PENCIL ONLY

1 2 3 4 5

- EXAMPLE Ⓐ Ⓑ ● Ⓓ Ⓔ
- ERASE COMPLETELY TO CHANGE

GRADE

CODES

# UNIVERSITY OF KANSAS TEST FORM 1

| | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | A | B | C | D | E | 16 | A | B | C | D | E | 31 | A | B | C | D | E | 46 | A | B | C | D | E |
| 2 | A | B | C | D | E | 17 | A | B | C | D | E | 32 | A | B | C | D | E | 47 | A | B | C | D | E |
| 3 | A | B | C | D | E | 18 | A | B | C | D | E | 33 | A | B | C | D | E | 48 | A | B | C | D | E |
| 4 | A | B | C | D | E | 19 | A | B | C | D | E | 34 | A | B | C | D | E | 49 | A | B | C | D | E |
| 5 | A | B | C | D | E | 20 | A | B | C | D | E | 35 | A | B | C | D | E | 50 | A | B | C | D | E |
| 6 | A | B | C | D | E | 21 | A | B | C | D | E | 36 | A | B | C | D | E | 51 | A | B | C | D | E |
| 7 | A | B | C | D | E | 22 | A | B | C | D | E | 37 | A | B | C | D | E | 52 | A | B | C | D | E |
| 8 | A | B | C | D | E | 23 | A | B | C | D | E | 38 | A | B | C | D | E | 53 | A | B | C | D | E |
| 9 | A | B | C | D | E | 24 | A | B | C | D | E | 39 | A | B | C | D | E | 54 | A | B | C | D | E |
| 10 | A | B | C | D | E | 25 | A | B | C | D | E | 40 | A | B | C | D | E | 55 | A | B | C | D | E |
| 11 | A | B | C | D | E | 26 | A | B | C | D | E | 41 | A | B | C | D | E | 56 | A | B | C | D | E |
| 12 | A | B | C | D | E | 27 | A | B | C | D | E | 42 | A | B | C | D | E | 57 | A | B | C | D | E |
| 13 | A | B | C | D | E | 28 | A | B | C | D | E | 43 | A | B | C | D | E | 58 | A | B | C | D | E |
| 14 | A | B | C | D | E | 29 | A | B | C | D | E | 44 | A | B | C | D | E | 59 | A | B | C | D | E |
| 15 | A | B | C | D | E | 30 | A | B | C | D | E | 45 | A | B | C | D | E | 60 | A | B | C | D | E |

QUESTIONS 61 THROUGH 160 — CONTINUE ON THE OTHER SIDE

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 61 | A | B | C | D | E |
| 62 | A | B | C | D | E |
| 63 | A | B | C | D | E |
| 64 | A | B | C | D | E |
| 65 | A | B | C | D | E |
| 66 | A | B | C | D | E |
| 67 | A | B | C | D | E |
| 68 | A | B | C | D | E |
| 69 | A | B | C | D | E |
| 70 | A | B | C | D | E |
| 71 | A | B | C | D | E |
| 72 | A | B | C | D | E |
| 73 | A | B | C | D | E |
| 74 | A | B | C | D | E |
| 75 | A | B | C | D | E |
| 76 | A | B | C | D | E |
| 77 | A | B | C | D | E |
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| 79 | A | B | C | D | E |
| 80 | A | B | C | D | E |
| 81 | A | B | C | D | E |
| 82 | A | B | C | D | E |
| 83 | A | B | C | D | E |
| 84 | A | B | C | D | E |
| 85 | A | B | C | D | E |

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 86 | A | B | C | D | E |
| 87 | A | B | C | D | E |
| 88 | A | B | C | D | E |
| 89 | A | B | C | D | E |
| 90 | A | B | C | D | E |
| 91 | A | B | C | D | E |
| 92 | A | B | C | D | E |
| 93 | A | B | C | D | E |
| 94 | A | B | C | D | E |
| 95 | A | B | C | D | E |
| 96 | A | B | C | D | E |
| 97 | A | B | C | D | E |
| 98 | A | B | C | D | E |
| 99 | A | B | C | D | E |
| 100 | A | B | C | D | E |
| 101 | A | B | C | D | E |
| 102 | A | B | C | D | E |
| 103 | A | B | C | D | E |
| 104 | A | B | C | D | E |
| 105 | A | B | C | D | E |
| 106 | A | B | C | D | E |
| 107 | A | B | C | D | E |
| 108 | A | B | C | D | E |
| 109 | A | B | C | D | E |
| 110 | A | B | C | D | E |

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 111 | A | B | C | D | E |
| 112 | A | B | C | D | E |
| 113 | A | B | C | D | E |
| 114 | A | B | C | D | E |
| 115 | A | B | C | D | E |
| 116 | A | B | C | D | E |
| 117 | A | B | C | D | E |
| 118 | A | B | C | D | E |
| 119 | A | B | C | D | E |
| 120 | A | B | C | D | E |
| 121 | A | B | C | D | E |
| 122 | A | B | C | D | E |
| 123 | A | B | C | D | E |
| 124 | A | B | C | D | E |
| 125 | A | B | C | D | E |
| 126 | A | B | C | D | E |
| 127 | A | B | C | D | E |
| 128 | A | B | C | D | E |
| 129 | A | B | C | D | E |
| 130 | A | B | C | D | E |
| 131 | A | B | C | D | E |
| 132 | A | B | C | D | E |
| 133 | A | B | C | D | E |
| 134 | A | B | C | D | E |
| 135 | A | B | C | D | E |

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 136 | A | B | C | D | E |
| 137 | A | B | C | D | E |
| 138 | A | B | C | D | E |
| 139 | A | B | C | D | E |
| 140 | A | B | C | D | E |
| 141 | A | B | C | D | E |
| 142 | A | B | C | D | E |
| 143 | A | B | C | D | E |
| 144 | A | B | C | D | E |
| 145 | A | B | C | D | E |
| 146 | A | B | C | D | E |
| 147 | A | B | C | D | E |
| 148 | A | B | C | D | E |
| 149 | A | B | C | D | E |
| 150 | A | B | C | D | E |
| 151 | A | B | C | D | E |
| 152 | A | B | C | D | E |
| 153 | A | B | C | D | E |
| 154 | A | B | C | D | E |
| 155 | A | B | C | D | E |
| 156 | A | B | C | D | E |
| 157 | A | B | C | D | E |
| 158 | A | B | C | D | E |
| 159 | A | B | C | D | E |
| 160 | A | B | C | D | E |

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**
**Test site information**

**ATCHISON,** Northeast Kansas Technical College, 1501 W Riley (913)-367-6204

**BELOIT,** North Central Kansas Technical College 3033 US 24 HWY (785) 738-9003

**BURLINGAME,** Allen County Community College 100 Bloomquist (785) 654-2416)

**CHANUTE,** Neosho County Community College 800 W. 14TH (620)-431-2820 ext 280

**COFFEYVILLE,** Coffeyville Community College, 8th & Beech (620)-251-3910

**COLBY,** Colby Community College 1255 S. Range (785)-462-3904.

**CONCORDIA,** Cloud County Community College 2221 Campus Dr. (785)-243-1435 ext 360

**DODGE CITY,** Dodge City Community College 2501 N. 14th (620)-227-935

**EL DORADO,** Butler County Community College, 901 S Haverhill Rd (316)-320-7375

**EMPORIA,** Flint Hills Technical College 3301 West 18th (620)-341-2300 ext 226

**FORT SCOTT,** Fort Scott Community College, 2108 S Horton (620)-223-2700

**GARDEN CITY,** Garden City Community College 801 Campus Dr (620)-275-3239

**GREAT BEND,** Barton County Community College 245 N E 30th Road, (620)-792-9324

**HAYS,** North Central Kansas Technical College, 2205 Wheatland Rd. (785)-625-2437

**HUTCHINSON,** Hutchinson Community College, 1300 N Plum (620)- 665-3512

**INDEPENDENCE,** Independence Community College200 Arco Place (620)-332-1420

**IOLA,** Allen County Community College 1801 N Cottonwood, (620)-365-5116 ext 236

**KANSAS CITY,** Donnelly College, 608 N 18th, (913)-621-8774

**KANSAS CITY,** Kansas Area Technical School, 2220 N 59th St. (913)-627-4100

**KANSAS CITY**, Kansas City Kansas Community College 7250 State Ave. (913)-334-1100

**LIBERAL,** Southwest Kansas Technical School 2215 N. Kansas (620)-626-3819

**MANHATTAN,** Manhattan Area Technical College, 3136 Dickens Ave (785) 587-2800

**MERRIAM,** Johnson County Community College, Kings Cove, 10000 W 75th Street, Ste 241 (913)-469-2350

**NEW STRAWN,** Allen County Community College 139 N 1st Terr (620)-364-1367

**PARSONS,** Labette Community College 1200 Main (620)-421-6700 ext 1182

**PITTSBURG,** Pittsburg State University, 1701 S Broadway (620) 235-4332

**PRATT**, Pratt Community College Highway 61 (620)-672-5641

**SALINA**, Salina Area Vo-Tech School 2562 Centennial Rd, (785)-309-3105

**TOPEKA,** Kaw Area Vo-Tech School 5724 Huntoon, (785)-228-6324

**WICHITA,** Wichita Area Technical College Schweiter campus 1400 George Washington Dr, (316)-667-1950

**WINFIELD**, Cowley County Community College, 125 S 2nd (620)-441-6581

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
**CLASS ROSTER FORM**

Check the appropriate course:
__*90-Hr Nurse Aide* __*Bridge Course for Nurse Aide* __*20-HomeHealth Aide*

Instructor Name: _____
Last First MI

Facility: _____
Name Address State Zip

Instructor Number: _____ Course Number: _____ Course Begins: ____/____/____ Ends: ____/____/____

**Should a candidate not pass the course** after this form is submitted to the department, you must contact this office in writing to have candidate's name removed from the roster.

**Your class will be scheduled at the earliest possible date, subject to availability.** Test Date: _____

**Test site preference** (please check the appropriate site):

| | | | |
|---|---|---|---|
| ___ Atchison | ___ El Dorado | ___ Iola | ___ Parsons |
| ___ Beloit | ___ Emporia | ___ Kansas City ATS | ___ Pratt |
| ___ Burlingame | ___ Fort Scott | ___ Kansas City CC | ___ Pittsburg |
| ___ Chanute | ___ Garden City | ___ Kansas City, Donnelly | ___ Salina |
| ___ Coffeyville | ___ Great Bend | ___ Liberal | ___ Topeka |
| ___ Colby | ___ Hays | ___ Manhattan | ___ Wichita |
| ___ Concordia | ___ Hutchinson | ___ Merriam | ___ Winfield |
| ___ Dodge City | ___ Independence | ___ New Strawn | |

The instructor should complete a separate roster for each course and test site.

| INSTRUCTOR USE ONLY | | PROCTOR USE ONLY | |
|---|---|---|---|
| **NAME** Last, First, MI | Social Security Number | Test Booklet # | Test Booklet Returned |
| | | | |
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Instructor Signature Date Proctor Signature Date

Health Occupations Credentialing/KDHE
Curtis State Office Bldg. 1000 SW Jackson, Ste 200
Topeka, KS 66612-1365 Phone number (785) 296-1250 Web site: www.kdheks.gov/hoc Rev. 11/06

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## APPLICATION FOR STATE TEST

Check the course you are currently enrolled in. If one of the following is **not checked**, this form will be rejected and the candidate will not be able to take the test.

☐ 90-Hour Certified Nurse Aide Course ☐ 20-Hour Home Health Aide Course

☐ Bridge Course for Nurse Aide Course

**Complete this form, attach the following and return to instructor:**
- **copy of identification** with current name & social security number (such as driver's license, social security card)
- non-refundable application **fee of $20.00 (check or money order).**

**Course Information** (The candidate must complete this part with instructions by the instructor.)

**Instructor ID #** _____ **Course #** _____ **# of course hrs** _____

**Candidate Information** (incomplete forms will result in test schedule delay)

**Name** _____
Last First MI

_____

**Other Names Used**

**Social Security Number** _____-_____-_____

**Birth date** _____/_____/_____ **Sex: Male**____ **Female**_____

**Address** _____
Street City State Zip

**Phone Number Home** (  )_____ **Work** (  )_____

**Please mark the highest level of education received:**

☐ (N) No high school
☐ (H) High school diploma or GED
☐ (L) Licensed Practical Nurse
☐ (D) Diploma Nurse(RN)
☐ (A) Associate Degree
☐ (B) Bachelor's Degree
☐ (M) Master's Degree
☐ (E) Education Specialist
☐ (P) PhD

**Candidate's Signature**
I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

_____

Candidate's Signature Date
Revised 08/24/2005

Candidate, PLEASE NOTE:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.

2. You must be able to provide your social security number on the test for identification.

3. YOU MUST BE ON TIME.

4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.

5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.

6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.

7. ALL FEES ARE NOT REFUNDABLE .

8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).

9. If a special accommodation is needed, you ***MUST*** submit the candidate's "*Accommodation Request Evaluation Form*" with this application.

10. Certificates are approximately 4 weeks after the test date.

11. To dispute a score, you must contact the department within six months from the test date.

12. To request a score, you must contact the department in writing at the address listed below.

Health Occupations Credentialing, KDHE
Curtin State Office Bldg, 1000 SW Jackson, Ste 200
Topeka, Kansas 66612-1365
(785) 296-1250

Web site: www.kdheks.gov/hoc

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

## APPROVAL TO TEST NOTICE

draft

Dear Candidate:

This is to inform you that you are scheduled to take the Nurse Aide test.

**LOCATION:** Chanute, Kansas
Neosho County Community College
800 W 14TH Rowland Bldg Rm 320
(316) 431-2820

**DATE:** November 2, 1999

**TIME:** 9:00 A.M.

**You will not be allowed to test if you are late or do not have your picture I.D. It is required for admittance. You should arrive 15 minutes prior to test time. You will also need documentation that has your social security number on it.**

**INTERSTATE AND ALLIED HEALTH CANDIDATES:**

_____
Application Approval Date for:

**Interstate and Allied applicants may work as a Trainee II for a single four month period from the above approval date. This date will not be extended.**



Health Occupations Credentialing
Bureau of Health Facilities
DIVISION OF HEALTH

Signature Building
1000 SW Jackson, Suite 330

Phone: (785)296-0056
Fax: (785)296-3075
www.kdhe.state.ks.us/hoc

# Kansas Department of Health and Environment
## NURSE AIDE AND HOME HEALTH AIDE
## ACCOMMODATION REQUEST FORM

Any trainee who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aid to take the state test, may complete and submit this form.You must have performed in a satisfactory manner in both a class theory and in a lab/clinical setting of the course. **The applicant must complete the front of this form and the course instructor must complete the back side of this form.**

An accommodation must be requested in advance.The accommodation request form must accompany the application for state test and reach Occupations Credentialing at least three weeks prior to the desired testing date.

**Instructor name:**_____ **Course number:**_____

**TRAINEE MUST COMPLETE THE FOLLOWING:**

A. **TRAINEE'S INFORMATION**

Name: _____

Address: _____

_____

Home Phone #: (  ) _____Work Phone #: (  ) _____

Social Security Number: _____

B. **REASON FOR REQUEST** (Check all that apply)

____Deaf
____Hard of Hearing
____Visually Impaired
____Physical Disability (please explain _____)
____Special Learning Disability (please explain _____)
____Psychological Disability (please explain _____)
____Other (please explain _____)

C: **REQUESTED ACCOMMODATIONS** (Check all that apply)

____Reader/Oral Test **(Nurse Aide Test ONLY)**
____Sign Language Interpreter
____Large Print
____Extended Time
____Time and a half ____Double Time

D. **WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE OR HOME HEALTH AIDE COURSE?**
____Yes ____NoIf no, why not? _____

I do hereby attest that the information supplied in these documents is accurate and complete to the best of my knowledge.
I do hereby give permission to the department to verify any information provided in this application and any attachments.

_____ _____
Signature of Trainee Date

**(INSTRUCTOR MUST COMPLETE THE BACK - OVER)**

**08/24/2005**

**INSTRUCTOR MUST COMPLETE THE FOLLOWING:**

If you have a trainee who has a physical, learning, psychological, or other reason that you believe requires a reasonable accommodation or auxiliary aid to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address below.

A. I have known_____ since_____ in my capacity

as a _____.
professional title

B. It is my opinion the candidate should be accommodated by providing the following:

___ Reader/Oral test **(NURSE AIDE TEST ONLY)**
___ Sign Language Interpreter
___ Large Print
___ Extended Time
  ___ Time and a half
  ___ Double Time

C. Was the accommodation provided for in the nurse aide or home health aide course?
___ Yes ___ No If no, why is it being requested for the state test?_____

_____

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. I do hereby request that the Kansas Department of Health and Environment provide the above requested accommodation for the candidate.

_____ _____
Signature of Instructor or other verifying professional Date

Address_____

_____

Phone ( )_____work

Phone ( )_____home

Return to: Health Occupations Credentialing
Kansas Department of Health and Environment
Curtis Building, Suite 200
1000 SW Jackson
Topeka, Kansas 66612-1365
(785) 296-1250

08/25/2005

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## RESCHEDULING FORM

Check type of exam. Enclose non-refundable fee of $20.00: Payable to KDHE. ( **check or money order).**

___ 90-Hour CNA Test ___ 20-Hour Home Health Aide Test

**Candidate Information**

A COPY OF IDENTIFICATION WITH YOUR SOCIAL SECURITY NUMBER MUST BE ON FILE.

_____
Last Name First MI

_____
Other Names Used

**If name change, submit documentation (i.e.: marriage license, divorce decree new ss card).**

Social Security Number_____-_____-_____ **Birth date** ____/____/____ Sex ____ Male ____ Female

**Address**_____
Street City State Zip

**Phone Number Home** ( ) _____ Work ( )_____

Retake (Failed the test one or more times):__Yes __No **Do not use this form** if currently enrolled in a course or if you have failed the state test three times within a year from the beginning date of your course.

**Test site preference** (please check the appropriate site):

___ Atchison
___ Beloit
___ Burlingame
___ Chanute
___ Coffeyville
___ Colby
___ Concordia
___ Dodge City
___ El Dorado
___ Emporia
___ Fort Scott
___ Garden City
___ Great Bend
___ Hays
___ Hutchinson
___ Independence
___ Iola
___ Kansas City ATS
___ Kansas City CC
___ Kansas City, Donnelly
___ Liberal
___ Manhattan
___ Merriam
___ New Strawn
___ Parsons
___ Pratt
___ Pittsburg
___ Salina
___ Topeka
___ Wichita
___ Winfield

**Candidate's Signature**
I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to s end my test results to my instructor.

_____ _____
Candidate's Signature Date

**Return this form and attachments to:**

**Health Occupations Credentialing/KDHE**
**Curtis State Office Bldg. 1000 SW Jackson, Ste 200**
**Topeka KS 66612-1365**
**Phone number: (785) 296-1250**

Web site: www.kdheks.gov/hoc

Revised 11/06

Candidate, PLEASE NOTE:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.

2. You must be able to provide your social security number on the test for identification.

3. YOU MUST BE ON TIME.

4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.

5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.

6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.

7. ALL FEES ARE NOT REFUNDABLE .

8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).

9. If a special accommodation is needed, you ***MUST*** submit the candidate's "*Accommodation Request Evaluation Form*" with this application.

10. Certificates are approximately 4 weeks after the test date.

11. To dispute a score, you must contact the department within six months from the test date.

12. To request a score, you must contact the department in writing at the address listed below.

    Health Occupations Credentialing, KDHE
    Curtin State Office Bldg, 1000 SW Jackson, Ste 200
    Topeka, Kansas 66612-1365
    (785) 296-1250

Web site: www.kdheks.gov/hoc

# KSA 39-970 & 65-5117: Prohibited Offenses

Below is the complete list of prohibited offenses.

| KSA | Offense | Prohibited? |
|---|---|---|
| 21-3301 | Attempt to commit a prohibited offense [1] | Length subject to underlying offense |
| 21-3302 | Conspiracy to commit a prohibited offense [2] | Length subject to underlying offense |
| 21-3303 | Criminal solicitation to commit a prohibited offense [3] | Length subject to underlying offense |
| 21-3401 | Murder in the first degree | Yes |
| 21-3402 | Murder in the second degree | Yes |
| 21-3403 | Voluntary manslaughter | Yes |
| 21-3404 | Involuntary manslaughter | 5 Years* |
| 21-3405a | Aggravated vehicular homicide | 5 Years* |
| 21-3406 | Assisting suicide | Yes |
| 21-3407 | Criminal Abortion | 5 Years* |
| 21-3410 | Aggravated assault | 5 Years* |
| 21-3411 | Aggravated assault on a law enforcement officer | 5 Years* |
| 21-3412 | Battery *(felony)* | 5 Years* |
| 21-3413 | Battery against a law enforcement officer *(felony)* | 5 Years* |
| 21-3414 | Aggravated battery | 5 Years* |
| 21-3414a | Aggravated battery | 5 Years* |
| 21-3415 | Aggravated battery against a law enforcement officer | 5 Years* |
| 21-3415a | Aggravated battery against a law enforcement officer | 5 Years* |
| 21-3417 | Attempted poisoning | 5 Years* |
| 21-3419 | Criminal threat | 5 Years* |
| 21-3420 | Kidnapping | 5 Years* |
| 21-3421 | Aggravated kidnapping | 5 Years* |
| 21-3422 | Interference with parental custody *(felony)* | 5 Years* |
| 21-3422a | Aggravated interference with parental custody | 5 Years* |
| 21-3426 | Robbery | 5 Years* |
| 21-3427 | Aggravated robbery | 5 Years* |
| 21-3428 | Blackmail | 5 Years* |
| 21-3431 | Criminal injury to persons | 5 Years* |
| 21-3432 | Criminal injury to persons | 5 Years* |
| 21-3433 | Aircraft piracy | 5 Years* |
| 21-3435 | Exposing another to a life threatening communicable disease [4] | 5 Years* |
| 21-3437 | Mistreatment of a dependent adult *(misdemeanor or felony)* | Yes |

| | | |
|---|---|---|
| 21-3438 | Stalking | 5 Years* |
| 21-3439 | Capital murder | Yes |
| 21-3440 | Injury to a pregnant woman (*felony*) | 5 Years* |
| 21-3441 | Injury to a pregnant woman by vehicle (*felony*) | 5 Years* |
| 21-3442 | Involuntary manslaughter while driving under the influence | 5 Years* |
| 21-3502 | Rape | Yes |
| 21-3503 | Indecent liberties with a child | Yes |
| 21-3504 | Aggravated indecent liberties with a child | Yes |
| 21-3505 | Criminal sodomy (*felony*) | 5 Years* |
| 21-3506 | Aggravated criminal sodomy | Yes |
| 21-3509 | Enticement of a child | 5 Years* |
| 21-3508 | Lewd and lascivious behavior (*felony*) | 5 Years* |
| 21-3510 | Indecent solicitation of a child | Yes |
| 21-3511 | Aggravated indecent solicitation of a child | Yes |
| 21-3513 | Promoting prostitution (*felony*) | 5 Years* |
| 21-3514 | Habitually promoting prostitution | 5 Years* |
| 21-3516 | Sexual exploitation of a child | Yes |
| 21-3517 | Sexual battery | Yes |
| 21-3518 | Aggravated sexual battery | Yes |
| 21-3519 | Promoting sexual performance by a minor | 5 Years* |
| 21-3520 | Unlawful sexual relation | 5 Years* |
| 21-3522 | Unlawful voluntary sexual relations | 5 Years* |
| 21-3601 | Bigamy | 5 Years* |
| 21-3602 | Incest | 5 Years* |
| 21-3603 | Aggravated incest | 5 Years* |
| 21-3604 | Abandonment of a child | 5 Years* |
| 21-3604a | Aggravated abandonment of a child | 5 Years* |
| 21-3606 | Criminal desertion | 5 Years* |
| 21-3609 | Abuse of a child | 5 Years* |
| 21-3610b | Furnishing alcoholic beverages to a minor for illicit purpose | 5 Years* |
| 21-3611 | Aggravated juvenile delinquency | 5 Years* |
| 21-3612 | Contributing to a child's misconduct or deprivation (*felony*) | 5 Years* |

* Note: This type of conviction is prohibited until five years have passed since the terms of the conviction (sentencing) have been completed.

1,2,3 Convictions for attempt to commit, conspiracy to commit or criminal solicitation to commit any offense listed above which carries a permanent prohibition will result in a permanent prohibition. Convictions for attempt to commit, conspiracy to commit or criminal solicitation to commit any offense listed above which caries a 5 year prohibition will result in a five year prohibition.

4 K.S.A. 21-3435 became a prohibited offense effective July 1, 1999. Convictions after that date carry a 5 year prohibition.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

# ALLIED HEALTH VERIFICATION

for 90-hour Kansas Nurse Aide Certification

Complete this form and attach the following:

**copy** of identification with current name & social security number (such as driver's license, social security card)
an application fee of $20.00 (check or money order)
**an OFFICIAL** transcript from current training program or a copy of professional license (if expired, must be within the last 24 months)

**All fees are NOT refundable**

**Candidate Information**

**Name**_____
Last (maiden/surname) First MI Other

**Social Security Number**_____ - _____ - _____ **Birth date** ___/___/___ **Sex** ____ Male____ Female

**Address**_____
Street City State Zip

**Phone Number** Home ( )_____ Work ( )_____

**Please mark the highest level of education received :**

( ) No high school
( ) High school diploma or GED
( ) Licensed Practical Nurse
( ) Diploma Nurse(RN)
( ) Associate Degree
( ) Bachelor's Degree
( ) Master's Degree
( ) Education Specialist
( ) PhD

**Check which applies (a suspended or revoked licensure will make you ineligible for the test ):**

| Training | | Licensure |
|---|---|---|
| RN | OR | RN State |
| LPN | | LPN State |
| LMHT | | LMHT State |

**Test site preference** (please check the appropriate site):

___ Atchison
___ Beloit
___ Burlingame
___ Chanute
___ Coffeyville
___ Colby
___ Concordia
___ Dodge City
___ El Dorado
___ Emporia
___ Fort Scott
___ Garden City
___ Great Bend
___ Hays
___ Hutchinson
___ Independence
___ Iola
___ Kansas City ATS
___ Kansas City CC
___ Kansas City, Donnelly
___ Liberal
___ Manhattan
___ Merriam
___ New Strawn
___ Parsons
___ Pratt
___ Pittsburg
___ Salina
___ Topeka
___ Wichita
___ Winfield

**Candidate's Signature**

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best o f my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a **copy** of an identification document with m y current name, social security number, and an official transcript or copy of professional license.*

_____ _____
Candidate's Signature Date

Return this form and attachments to:

**Health Occupations Credentialing, KDHE**
**Curtis State Office Bldg. 1000 SW Jackson, Ste 200**
**Topeka KS 66612-1365**

| KDHE USE ONLY: Approval Date | Test Date |
|---|---|

Revised 11/06

Candidate, **please note**:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.
5. You will receive an Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.
6. Nurse aide certificates are issued to those who achieve a score of at least seventy percent (70%) on the nurse aide test.
7. The nurse aide test may be taken only one time based on training or licensure. Any candidate who fails the test on the first attempt must enroll in a state-approved nurse aide training course. You then have two remaining opportunities to pass the test within one year from the approval date designated above.
8. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE**
**Curtis State Office Bldg, Suite 200**
**Topeka, Kansas 66612-1365**
**(785) 296-1250**

Web site: www.kdheks.gov/hoc

CNAHHA - Revised 11/06

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

# ALLIED HEALTH VERIFICATION

for 20-hour Kansas Home Health Aide Certification

Complete this form and attach the following:

**copy** of identification with current name & social security number (such as driver's license, social security card)
an application fee of $20.00 (check or money order)
**an OFFICIAL** transcript from current training program or a copy of professional licen se (if expired, must be within the last 24 months)

**All fees are NOT refundable**

**Candidate Information**

**Name**_____
Last (maiden/surname) First MI Other

**Social Security Number**_____ - _____ - _____ **Birth date** ___/___/___ **Sex** ____ Male____ Female

**Address**_____
Street City State Zip

**Phone Number** Home ( )_____ Work ( )_____

**Please mark the highest level of education received :**

- ☐ (N) No high school
- ☐ (H) High school diploma or GED
- ☐ (L) Licensed Practical Nurse
- ☐ (D) Diploma Nurse(RN)
- ☐ (A) Associate Degree
- ☐ (B) Bachelor's Degree
- ☐ (M) Master's Degree
- ☐ (E) Education Specialist
- ☐ (P) PhD

**Check which applies (a suspended or revoked licensure will make you ine ligible for the test ):**

| Training | | Licensure |
|---|---|---|
| ☐ RN | OR | ☐ RN State |
| ☐ LPN | | ☐ LPN State |
| ☐ LMHT | | ☐ LMHT State |

**Check Test Site Preference :**

- ___ Atchison
- ___ Beloit
- ___ Burlingame
- ___ Chanute
- ___ Coffeyville
- ___ Colby
- ___ Concordia
- ___ Dodge City
- ___ El Dorado
- ___ Emporia
- ___ Fort Scott
- ___ Garden City
- ___ Great Bend
- ___ Hays
- ___ Hutchinson
- ___ Independence
- ___ Iola
- ___ Kansas City ATS
- ___ Kansas City CC
- ___ Kansas City, Donnelly
- ___ Liberal
- ___ Manhattan
- ___ Merriam
- ___ New Strawn
- ___ Parsons
- ___ Pratt
- ___ Pittsburg
- ___ Salina
- ___ Topeka
- ___ Wichita
- ___ Winfield

**Candidate's Signature**

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best o f my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a* ***copy*** *of an identification document with m y current name, social security number, and an official transcript or copy of professional license.*

_____ _____
Candidate's Signature Date

Return this form and attachments to:

**Health Occupations Credentialing, KDHE**
**Curtis State Office Bldg. 1000 SW Jackson, Ste 200**
**Topeka KS 66612-1365**

| KDHE USE ONLY: Approval Date | Test Date |
|---|---|

Revised 11/06

Candidate, **please note**:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.

2. You must be able to provide your social security number on the test for identification.

3. **YOU MUST BE ON TIME.**

4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.

5. You will receive an Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.

6. Nurse aide certificates are issued to those who achieve a score of at least seventy percent (70%) on the nurse aide test.

7. The nurse aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course.** You then have two remaining opportunities to pass the test within one year from the approval date designated above.

8. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE**
**Curtis State Office Bldg, Suite 200**
**Topeka, Kansas 66612-1365**
**(785) 296-1250**

Web site: www.kdheks.gov/hoc

CNAHHA - Revised 11/08

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
# FOR CERTIFICATE REPLACEMENT OR NAME CHANGE

For **REPLACEMENT CERTIFICATE, NAME/ADDRESS CHANGE,** fill out this form and submit copy of identification with your current name and social security number. For name change you must send documentation showing the change. (For example, a copy of your social security card with current name, Marriage License or Divorce Decree, whichever applies). Submit certificate/license you are replacing, and $20.00 fee **(check or money order).**

Social Security Number:_____-_____-_____ Birthdate:____-_____-_____ Sex: M ___F___

Name:_____
(Last) (First) (MI)

Other Names Used: _____

Current Mailing Address: _____
(Street) (City/State) (Zip)

Phone Number (Home) ( ) _____-_____ (Work) ( ) _____- _____

**NOTE: All applicants must sign this application below. All forms received without a signature will be returned. It may require up to 10 business days to provide the requested replacement certificate.**

Indicate which certificate(s) you are requesting to be replaced. Include identification number. A nonrefundable fee of **$20.00** is required for **EACH NEW CERTIFICATE** requested.

____ **Nurse Aide** (ID# IF AVAILABLE_____)

Home address at time of state test: _____

City and date test was taken: _____

Name of Vo-Tech/Community College: _____

____ **Home Health Aide** (ID# IF AVAILABLE_____)

____ **Medication Aide (CURRENT ONLY)** (ID# IF AVAILABLE_____)
**We will not print expired certificate**

I hereby attest that the information provided on this form and any attachments are accurate to the best of my knowledge.

Signature _____ Date _____

Return completed form, attachments, and fee to:
**Health Occupations Credentialing**
**Curtis State Office Building, Ste. 200**
**1000 SW Jackson Topeka, KS 66612-1365**

Web site: www.kdheks.gov/hoc
Revised 01/06/06