

# Preparing to offer online CNA Training IHCA/INCAL- Indiana-Specific Next Steps



**IHCA  
INCAL**  
INDIANA HEALTH CARE ASSOCIATION  
INDIANA CENTER FOR ASSISTED LIVING



- ❖ 1. Identify a facility-based or non-facility based lab site for clinical skills training.
- ❖ 2. Identify facility instructor – Must be an approved program director or instructor that meets that standards for qualified personnel as outlined in the [Administrative Standards for Nurse Aide Training Program](#). Prospective program directors or instructors may complete the [ISDH approved Nurse Aide Program Director & Instructor Training Seminar](#).
- ❖ 3. Fill out Facility registration form.
- ❖ 4. Fill out Portal Request form.
- ❖ 5. Fill out course build form.
- ❖ 6. Review the [IHCA/INCAL Guidance Document](#) highlighting next steps for submitting your site's [Application for Approval of Program](#) to ISDH. ISDH has 90 days to review your application and approve or request additional detail.
- ❖ 7. Pending approval from ISDH, Program Directors and instructors complete the online curriculum orientation training session
- ❖ 8. Start registering students in portal
- ❖ 9. Finalize class launch at least 3 weeks prior to desired start date



# Step One

## Facility Approval of Nurse Aide training and competency evaluation program

2



- ❖ Identify a qualified facility in your area
- ❖ Or consider becoming a certified facility if you meet state requirements
- ❖ If you need assistance or have questions, email [facilityapproval@cnaonline.com](mailto:facilityapproval@cnaonline.com) so we can help you with the process to become a qualified facility and conduct lab and supervised clinical training.
- ❖ Ensure you have the required equipment
- ❖ Create schedule for class identifying lab days and coordinate with other administrators if multiple sites are involved



# Step Two

## Instructor Selection and Registration

3



- ❖ Identify a program director and or instructor that has completed state required training or meets requirements as outlined in the Indiana State Department of Health. Prospective program directors or instructors may complete the [ISDH approved Nurse Aide Program Director & Instructor Training Seminar](#).
- ❖ Approved Instructor should then register for a subscription to the Instructor Online resource site (this is not the course, it is resources for teaching)  
<http://www.ahcapublications.org/ProductDetails.asp?ProductCode=8463>
- ❖ Purchase Samsung tablet for online Competency check off grading if you do not have a tablet or PC already available



# Step Three

## Facility Registration *General Information*

4

**General Information**  
Contact & Billing Info

Facility Name \*

Administrator \*

Preferred contact method ☐ Email ☐ Phone

Facility Address \*

Street Address

Address Line 2

City  State/Region/Province

Postal / Zip Code  Country

Corp. Organization (if different)

❖ Fill out the General Information form (Available online) to register your facility and provide billing information [www.cnaonline.com/generalinfo](http://www.cnaonline.com/generalinfo)

❖ If you need help with this form you can contact us at [info@cnaonline.com](mailto:info@cnaonline.com) or call 502-221-7765



# Step Four

## Fill out Portal Request form

5

### Portal Request

Please complete this form so we may begin construction of your branded portal. Once built, you may begin recruiting and adding students to your CNA class.

#### Facility Name \*

*The name of the facility at which CNA clinical labs will be held.*

#### Corporate Parent (if different)

#### Anticipate Launch Date \*

*dd-MMM-yyyy*

*What is the date you hope to launch this class?*

#### Preferred Corporate Portal URL Prefix

*This is the URL you will log in to to add students, etc. Example: goldenliving.academicplatforms.com*

#### Logo \*

 No file chosen

*Please upload a hi-res .JPG or .PNG logo of your facility or brand.*

- ❖ Complete the Portal Form (Available online link below)
- ❖ After several days you will receive notification that your portal has been created from CNA online and instructions on how to access it  
[www.cnaonline.com/portalrequest](http://www.cnaonline.com/portalrequest)
- ❖ If you need help with this form you can contact us at [info@cnaonline.com](mailto:info@cnaonline.com) or call 502-221-7765

# Step Five

## Complete Course Build Form

6

### Request a CNA Class

Please complete this form, and we'll begin building your CNA Online class!

#### Facility Name \*

Please give the name of the facility or corporate entity requesting the CNA Online class.

#### Address \*

Street Address

Address Line 2

City

State/Region/Province

Postal / Zip Code

Country

Please provide the address of the facility or corporate entity listed above.


- ❖ Fill out course build form (available online)
- ❖ Submit any requested logos or videos to [courseform@cnaonline.com](mailto:courseform@cnaonline.com)
- ❖ If you need help with this form you can contact us at [courseform@cnaonline.com](mailto:courseform@cnaonline.com) or call 502-221-7765



# Step Six

# Submit Application for Approval of Program to ISDH

7

 **APPLICATION FOR APPROVAL TO OPERATE A NURSE AIDE TRAINING PROGRAM**  
State Form 620 (6-17-10)  
Indiana State Department of Health – Division of Health Care Education and Quality

**INDIANA STATE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH CARE EDUCATION  
AND QUALITY**  
2 North Meridian Street, Suite 4-B  
Indianapolis, IN 46204

**INSTRUCTIONS:**

1. Please complete the appropriate sections on both sides of the application. All applications must be completed.
2. Please use additional applications for more than one program director/delegated instructor and/or additional clinical sites.
3. Mail the completed application, along with all requested documentation, to the division at the above address.
4. Retain a copy of this application for your records.

**SECTION A: Training program information**

**TYPE OF TRAINING PROGRAM:**  
☐ Facility based ☐ Vocational school (accredited school or college based) ☐ Non-facility based (independent entity)

**APPLICATION PURPOSE (check all that apply):**  
☐ Initial approval ☐ Renewal ☐ Add Clinical Site ☐ Add Program Director ☐ Add Delegated Instructor  
☐ Remove Program Director and/or Delegated Instructor – Name: \_\_\_\_\_

☐ Report change of ownership or vested partnership – Name: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

Doing Business As (d/b/a): \_\_\_\_\_

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

PO Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP code: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's company name (if applicable): \_\_\_\_\_

Names of all officers, principals and/or vested partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

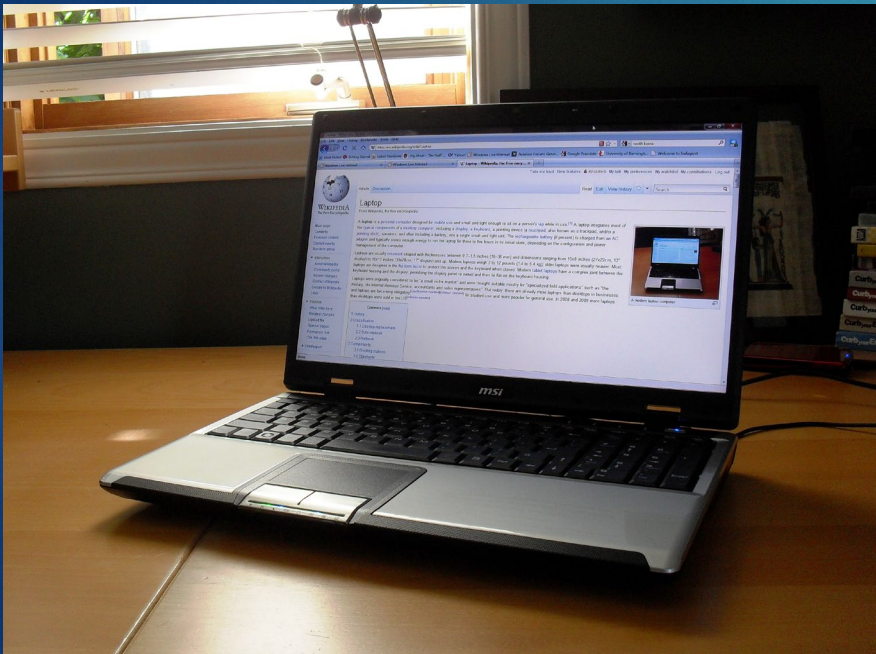
For each officer, principal and/or vested partner, specify the name and the years of operation of any and all previous nurse aide training programs with which the officer, principal and/or vested partner has been or currently is associated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ❖ Review the [IHCA/INCAL Guidance Document](#) highlighting next steps for submitting your site's [Application for Approval of Program](#) to ISDH. ISDH has 90 days to review your application and approve or request additional detail.



# Step Seven

# Pending approval from ISDH, Complete Orientation Training Session



- ▶ Sign up for orientation class by sending an email to [training@cnaonline.com](mailto:training@cnaonline.com) with subject line Orientation Class needed and provide email addresses for instructors taking the class
- ▶ Virtual Class is approximately 2 hours
- ▶ We provide Instructions on the use of the administrative portal as well as the online course system
- ▶ We will Introduce instructors to the support tools and support system
- ▶ You will learn how to communicate online with students
- ▶ We will Introduce instructors to the Skills Grader tablet tool for live lab analysis and grading



# Step Eight

## Access your new course and we will register your students

9



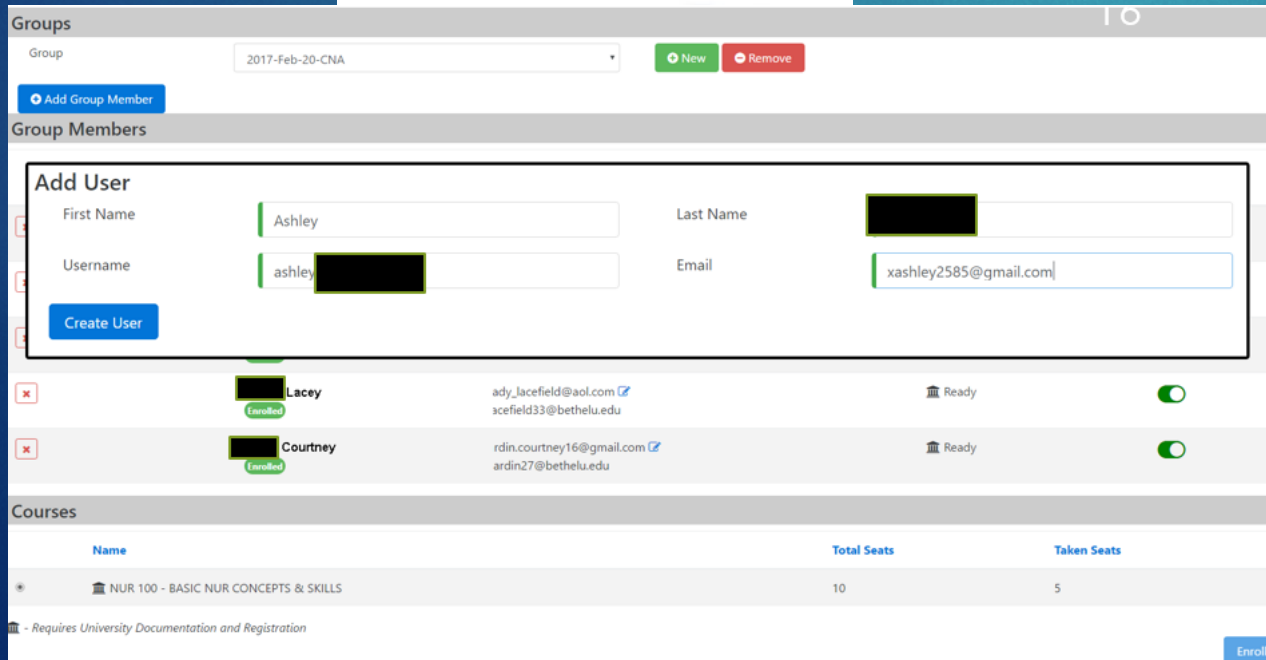
Portal Login

Username:

Password:

[Forgot password?](#)

- ❖ Log in to your new portal per email instructions sent to you from CNAonline (Our team will walk you through this or we can do this for you)
- ❖ Start registering new students per email instructions (Our team will do this for you if you prefer, just send email to [training@cnaonline.com](mailto:training@cnaonline.com) Subject line Portal Instruction)



Groups

Group: 2017-Feb-20-CNA

Group Members

Add User

First Name: Ashley Last Name:

Username: ashley  Email: xashley2585@gmail.com

<input type="checkbox"/>	<input type="checkbox"/> Lacey	ady_lacefield@aol.com lacefield33@bethelu.edu	Ready	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Courtney	rdin.courtney16@gmail.com ardin27@bethelu.edu	Ready	<input checked="" type="checkbox"/>

Courses

Name	Total Seats	Taken Seats
NUR 100 - BASIC NUR CONCEPTS & SKILLS	10	5

\* Requires University Documentation and Registration



# Step Nine

## Finalize Class Launch

10

- ▶ Confirm schedule for class and make sure all your instructors, administrators, and students are aware of lab days and location
- ▶ Make sure you have your orientation date set and have notified our CNA online instructor

**We are ready  
to get started!**

Congratulations, you are ready to launch  
your first class!!!

<http://cnaonline.com>  
502-221-7765

