MS 3301 P.D. Bas 997436 Scrammin, C.A. 95899-7416 PHONE (918) 337-2445 FAX. (918) 324-0901 EMAL craftaction can gover

Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP)

Clinical Site Agreement

NATP or HHP Responsibilities:

- training. (NATP only) Prior to direct patient contact in the facility, the student must receive the federally mandated 16-hours of
- To provide all training and to provide immediate and direct supervision of students.
- Student to instructor ratio shall not exceed fifteen (15) to one (1) in the facility.
- Provide facility with a list of names of all students along with their training schedule.
- the NATP approved training program schedule. To provide all clinical training in the TPRU approved facility, by a TPRU approved instructor, while following
- screening within 90 days prior to attending clinical. Provide notice to facility, that all students have had the physical examination, test for TB and criminal
- Training will be provided between the hours of 6 a.m. and 8 p.m.
- NATP students will receive a minimum of 100 hours of clinical training in the facility.
- emphasis on home care. 40-hour HHP students will receive a minimum of 20 hours of direct patient care in an approved facility, with
- emphasis on home care. 120-hour HHP students will receive a minimum of 45 hours of direct patient care, in an approved facility, with

Facility Responsibilities:

- Facility staff may not be used to proctor, shadow, or teach the training program students
- Facility staffing will not be decreased because students are training in the facility.

Both parties agree to:

- Comply with all local, state and federal laws and regulations.
- minimum of 30 days written advance notice of termination of the clinical site agreement. Include an adequate notice of termination clause in their standard agreement which includes a

By signing below, both parties agree with the terms printed on this agreement.

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This approval is only valid until the program expiration date.	Approved By: Date:	California Department o	RN Program Director (Signature) C: Multiple RN 1/18/2019	Christi S. Myers RN Nursing Director		Dr. Marlon R. Hall Sr. Superintendent/President Kevin Kramer CEO	County: Lassen NATPAHP- Owner/Administrator (Printed Name)	Lassen Community College 478–200 Hwy 139 Susanville, CA 96130	Name and Address of Training Program.
This approval is only valid until the program expiration date. A new clinical site agreement is required for the next renewal.	Expiration Date	California Department of Public Health Use Only	F- 0 4 3 2	Online world revide localitication raining number, il known	1/18/2019	Kevin Kramer CEO	Facility Administrator (Printed Name)	Modoc Medical Center - Warnerview 225 W. McDowell Ave Alturas, CA 96101	Nursing Facility Name and Address:

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- Comply with all local, state and federal laws and regulations.
- Include an adequate notice of termination clause in their standard agreement which includes a minimum of 30 days written advance notice of termination of the clinical site agreement.

By signing below, both parties agree with the terms printed on this agreement.

	2	RN Program Director (Signature) Date	Christi S. Myers RN	RN Program Director (Printed Name)	M. Male R. Hell 1/18/2019	NATP/HHP- Owner/Administrator (Signature) Date	Dr. Marlon R. Hall Sr.	NATP/HHP- Owner/Administrator (Printed Name)	County: Lassen	4/8-200 Hwy 139 Susanville, CA 96130	Lassen Community College	Name and Address of Training Program
		ָּרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָר		Skilled Nursing Provider Identification training number, if known	1/18/2019 (appende Herney 1/18/2019	Fagility Administrator (Signaluya) Date	Cassandra Garrard	Facility Administrator (Printed Name)		Susanville, CA 96130	Lassen Nursing & Rehabilitation Center	Nursing Facility Name and Address

Approved By:	California Department o	California Department of Public Health Use Only Date Expiration Date
Approved By:	Date	Expiration Date
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