



**APPLICATION FOR APPROVAL TO OPERATE  
A NURSE AIDE OR A QUALIFIED MEDICATION AIDE TRAINING PROGRAM**

State Form 629 (R7 / 5-25)  
INDIANA DEPARTMENT OF HEALTH  
CONSUMER SERVICES AND HEALTH CARE REGULATION

**INSTRUCTIONS:** \*This original application **MUST** be available upon request and/or at time of survey.

- Submit this application and additional required documentation electronically to [aidetraining@health.in.gov](mailto:aidetraining@health.in.gov).

- **Submit a separate application for each type of program requesting approval or change.** (i.e. 1 for NAT requests and 1 for QMAT requests)

SECTION 1: Program Information	IDOH Use only
<p>Program Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Email Address: _____</p> <p>Phone: _____</p> <p>Name &amp; Title of Contact Person #1: _____</p> <p>Contact Person Phone &amp; Email: _____</p> <p>Name &amp; Title of Contact Person #2: _____</p> <p>Contact Person Phone &amp; Email: _____</p> <p>Owner's Name: _____</p> <p>Owner's Email: _____ Owner's Phone: _____</p> <p>Please, immediately submit any changes to the information above to <a href="mailto:aidetraining@health.in.gov">aidetraining@health.in.gov</a></p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>
SECTION 2: Program Approval or Renewal Request	IDOH Use only
<p><b>REQUEST for:</b> <input type="checkbox"/> NAT <input type="checkbox"/> QMAT</p> <p>You must submit a <b>SEPARATE</b> application for each type of program requesting approval or change.</p> <p>If you are requesting approval for a QMA training program, will you offer the Insulin Administration Education Module? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> <u>Initial Approval</u> <input type="checkbox"/> <u>Renewal</u></p> <p>Program Type: <input type="checkbox"/> Facility Based <input type="checkbox"/> Non-facility Based <input type="checkbox"/> Vocational/Academic <input type="checkbox"/> Other: _____</p> <p>Training Modality: <input type="checkbox"/> Traditional Classroom <input type="checkbox"/> Hybrid – Online <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <u>Change(s) to Current Approved Program</u></p> <p>Program Changes: <input type="checkbox"/> Classroom <input type="checkbox"/> Clinical Sites <input type="checkbox"/> Curriculum/Modality <input type="checkbox"/> Address <input type="checkbox"/> Program Director/Instructor <input type="checkbox"/> Ownership <input type="checkbox"/> Name</p>	<p>Facility #:</p> <p>NATCEP ban dates: N/A: _____ Exp: _____</p>
SECTION 3: Classroom Location (See Section 7 for Additional Required Documents)	IDOH Use only
<p><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Information change</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Information change</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>

**SECTION 4: Clinical Site** (if needed, use additional copies of this page)**IDOH Use only**☐ Add    ☐ Delete    ☐ Information change

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Phone: \_\_\_\_\_

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SECTION 5: Program Director (PD) /Delegated Instructor (DI) /Program Instructor (PI)	IDOH Use only
<p><b>Note:</b> In order to initiate the application review process to add a NAT Program Director (must be an RN), a NAT Delegated Instructor (must be an RN or an LPN,) or a QMA Program Instructor (must be an RN), the following <b>MUST</b> be submitted at the same time as this application.</p> <ul style="list-style-type: none"> <li>• Copy of nursing license</li> <li>• Copy of vocational license, or equivalent, if applicable</li> <li>• Copy of Certified Nurse Aide or Qualified Medication Aide Train the Trainer Course Certificate</li> <li>• Brief resume of long-term care and teaching experience, including locations and dates</li> </ul> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Add   <input type="checkbox"/> Delete   (<i>Facility based program only – Director of Nursing</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No)</p> <p>Name: _____   <input type="checkbox"/> PD   <input type="checkbox"/> DI   <input type="checkbox"/> PI</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>
SECTION 6: Curriculum	IDOH Use only
<p>Curriculum:   <input type="checkbox"/> Add   <input type="checkbox"/> Delete</p> <p>Explanation of Change:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Curriculum:   <input type="checkbox"/> Add   <input type="checkbox"/> Delete</p> <p>Explanation of Change:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>

SECTION 7: Additional Required Documentation	IDOH Use only
<p><b><u>Initial Approval of NAT Program:</u></b></p> <p>To initiate the application review process, the following information MUST be submitted at the same time as this application.</p> <ol style="list-style-type: none"> <li>1. Pictures of classroom &amp; clinical lab with supplies/equipment – (2-3 pictures each)</li> <li>2. Copy of sample clinical agreement</li> <li>3. Form(s) for classroom time record and clinical time record</li> <li>4. Certificate of completion for the student – must state student's name "has successfully completed the Indiana State Department of Health 105-hour Nurse Aide Training Program," must have area for signature and date of program director and must have name and address of training entity.</li> <li>5. List of items that will be kept in the student file</li> <li>6. Final exam – comprehensive with all lessons</li> <li>7. Signed and dated supply list</li> <li>8. Outline of classroom lesson plan with day, timeframes, and content to be completed, including Core Curriculum lessons, RCPs, videos, YouTube, textbooks, handouts, and any other resources.</li> <li>9. Student pre-admission math/reading assessment/test</li> <li>10. Copy of the Train the Trainer certificate of completion and nursing license for each program director and/or instructor</li> </ol>	<p>Approved - A Not Approved - NA</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6. _____</li> <li>7. _____</li> <li>8. _____</li> <li>9. _____</li> <li>10. _____</li> </ol>
<p><b><u>Initial Approval of QMAT Program:</u></b></p> <p>To initiate the application review process, the following information MUST be submitted at the same time as this application.</p> <ol style="list-style-type: none"> <li>1. Student pre-admission math/reading assessment/test</li> <li>2. Letter indicating the IDOH QMA curriculum will be followed or a copy of the program specific lesson plans</li> <li>3. Supply list (signed and dated) indicating all supplies are available.</li> <li>4. List of items that will be included in each student file</li> <li>5. Copy of classroom time record for each student</li> <li>6. Copy of clinical site agreements – NOTE: All QMA training sites MUST have clinical site approval for every clinical site used by students.</li> <li>7. Picture of current drug book that will be given to each student to keep</li> <li>8. Pictures of classroom and Medication cart with medications (2-3 pictures each)</li> <li>9. Copy of the Train the Trainer certificate of completion and nursing license for each program director and/or instructor</li> </ol>	<p>Approved - A Not Approved - NA</p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6. _____</li> <li>7. _____</li> <li>8. _____</li> </ol>
<p><b><u>Addition of Classroom:</u></b> In order to initiate the application review process, the following information MUST be submitted at the same time as this application.</p> <ol style="list-style-type: none"> <li>1. Letter stating the new classroom site will: <ol style="list-style-type: none"> <li>A. Use the approved training curriculum and</li> <li>B. All the necessary supplies and equipment are available</li> </ol> </li> <li>2. Pictures of classroom and clinical lab (2-3 pictures of each.)</li> </ol>	<p>Approved - A Not Approved - NA</p> <ol style="list-style-type: none"> <li>1-A. _____</li> <li>1-B. _____</li> <li>2. _____</li> </ol>

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