

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
HEALTH OCCUPATIONS CREDENTIALING  
**REQUEST FOR WAIVER OF THE PROHIBITION ON NURSE AIDE TRAINING COMPETENCY EVALUATION  
PROGRAM (NATCEP)**

**SECTION A - Completed by the Course Sponsor Requesting Approval**

See Instructions, pages \_\_\_\_ Type all information requested. A complete Request for Waiver of the Prohibition on NATCEP contains: an Application for Approval of Training Course, Section A, and Section B. All three MUST be received together by this office four weeks prior to the course start date.

1. Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ Course start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Course end date \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Sponsoring School or Facility: \_\_\_\_\_ ID# \_\_\_\_\_

3. Specify whether the instructor is an employee of the clinical site and/or course sponsor:

Instructor ID# \_\_\_\_\_

\_\_\_\_ YES If the instructor is an employee of the clinical site and not of the course sponsor, I agree that there are no other qualified instructors available and that this instructor is paid and supervised by the sponsor.

4. \_\_\_\_ YES I have evaluated both the classroom and clinical sites and determined that an adequate teaching/learning environment exists for conducting the course and that appropriate equipment is available. I will provide oversight to this course being held in a facility with a prohibition on NATCEP.

5. \_\_\_\_ YES Sponsor has in place a valid quality assurance policy and procedure. Such policies assure 2-way communication between the facility and sponsor and between the sponsor and facility, describe how concerns of both the students and the facility staff are to be communicated, describe how corrections are implemented, and respect the chain of command.

6. \_\_\_\_ YES I agree to disseminate the evaluations (sections A1, A2, A3) to the coordinator, instructor, and facility representative and agree to submit together, **within 10 days of course completion**, the sponsor=s, instructor=s, and facility representative=s completed evaluations along with a summary of the student evaluations.

7. \_\_\_\_ YES I will provide information to the instructor and the students on how to register concerns with the state agency.

8. \_\_\_\_ YES I agree to allow unannounced site visits to courses offered in facilities under a waiver.

9. \_\_\_\_ YES I will attach a completed Application for Approval of Training Course with both SECTION A and SECTION B.

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

10. \_\_\_\_\_  
Sponsor Coordinator Name (please print)      Signature      Date

**Return the completed Request for Waiver of the Prohibition on NATCEP (SECTION A and SECTION B) and an Application for Approval of Training Course four weeks prior to course start date to:**

Health Occupations Credentialing  
Kansas Department for Aging and Disability Services  
503 S Kansas Ave  
Topeka, KS 66603-3404

Updated 10/27/17

**SECTION B - Completed by the Facility Requesting the Waiver and returned to Course Sponsor**

11. Facility Requesting the Waiver: \_\_\_\_\_ State ID# \_\_\_\_\_

12. Reason for the Waiver Request: (mark those that apply)

- G There are no other approved courses/training programs offered within a reasonable distance\* of the facility.
- G The time frame of classes offered within a reasonable distance\* does not meet the needs of the participants or the facility. **Please explain:**
- G The classes offered within a reasonable distance\* would cause hardship for participants. **Please explain:**
- G Other reason. **Please explain:**

**\*Reasonable distance is described by CMS as A...2 hour travel time each way from the facility.**

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge, give permission to the department to verify any information provided on this application and on any attachments, and acknowledge and agree to the statements and policies outlined in SECTION A and any of its attachments.

13. \_\_\_\_\_  
Facility Administrator Name (please print)                      Signature                      Date

**Please return SECTION B to the sponsor of this Request for Waiver of the Prohibition on NATCEP**