

## UAP TRAINING PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>For the purposes of this rule an Unlicensed Assistive Personnel (UAP) is defined as: unlicensed health care employee or contracted staff person who provides 25% or more of their time, under the delegation and supervision of a registered nurse. Examples of employees not included in this rule: phlebotomist, radiology tech, patient transporter.</p> <p>The following UAP are exempted from the initial training requirement of this rule if there is documentation of:</p> <ul style="list-style-type: none"> <li>enrollment in a nursing education program and has or will complete within 90 days a fundamentals of nursing course</li> <li>graduation from nursing school, but failed to pass state licensure examinations in the past 3 years</li> <li>current registration as a certified nursing assistant in Missouri under 198.082 RSMo or another state that meet the requirements of CFR 493.151 and 483.152.</li> <li>experience as a nurse assistant, EMT, or surgical tech in the past 3 years</li> <li>completion of a UAP training program in MO or other state within last 3 years</li> <li>completion of a professional or licensed practical nursing program outside the USA and awaiting the licensure examination in this country</li> </ul> <p><b>See UAP Exemption Qualifications CSR 30-20.125 (3)(A-G):</b></p>					
<p>If a UAP is exempt from the initial training requirements, can the hospital provide documentation of demonstrated competency in the content areas of the rule, job duties, and knowledge related to the patient population? CSR 30-20.125(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can the hospital provide documentation that it only employs or contracts with a staffing agency for UAPs that meet the requirements of this rule? 19 CSR 30.20.125(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>UAP Training Policy and Curriculum Requirements 19 CSR 30-20.125 (2)(A-D)(6)</b>					
<p>Does the curriculum include:</p> <p>a. a minimum of 75 hours of classroom instruction?</p> <p>b. no more than 60 hours of computer or paper-based learning modules?</p> <p>c. a minimum of 100 hours of clinical practicum?</p> <p>Note: Comparable certified medical assistant (MA) training from an accredited MA program may be substituted for up to 50 hours of classroom time of comparable subject matter.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the curriculum cover the following elements:</p> <p>a. the role of the UAP?</p> <p>b. patient/client rights?</p> <p>c. vital signs?</p> <p>d. basic human needs?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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e. infection control? f. skin care? g. safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the clinical practicum of 100 hours start after the student has enrolled and started the course curriculum? 19 CSR 30-20.125(2.C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate how skill validation and knowledge verification are used to determine student competence? 19 CSR 30-20.125(2.D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital require UAP training to be completed within 90 days of employment for any individual who is hired as a UAP? 19 CSR 30-20.125 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the UAP policies apply to UAPs from staffing agencies? 19 CSR 30-20.125(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital restrict the work of the UAP to supervised practicum, until the entire UAP training requirements have been met? 19 CSR 30-20.125(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you demonstrate that all UAP receive annual in-service training? 19 CSR 30-20.125(2.E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>UAP Faculty Qualifications and Responsibilities 19 CSR 30-20.125 (4)(A-D)</b>					
Is a registered professional nurse designated as the course coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the RN supervise all classroom and clinical instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do instructors hold a current license and have a minimum of two years of nursing experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital assure that clinical supervisor's or preceptor's nursing license is not under current disciplinary action or investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital assure only UAPs who have satisfied the training requirements and LPNs assist with the clinical practicum under the direction of the course coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>Training Site Requirements 19 CSR 30-20.125 (5)(A-D)</b>					
Does the hospital provide designated space sufficient to accommodate the classroom teaching portion of the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If not, does the hospital have a written agreement with an organization to provide the classroom portion of the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital assess and review the program and outcomes of any training provided by another facility to ensure that all of the requirements of the program are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital maintain in the employee's personnel file, records of course completion and competency for a minimum of three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are records signed and dated by the course coordinator and each of the instructors and clinical supervisors verifying classroom time, clinical time and competency for each student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital provide a signed copy of the course completion and competency record to the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Helpful Hints

- [UAP Toolkit](#) on MHANet

### Key Resources and Links

- [19 CSR 30-20.125](#)
- [RSMo 198.082](#)
- [CFR 493.151](#) and [.152](#)