

Long-Term Care Administrator Licensing Program Application for Continuing Education (CEU) Program Approval

All Programs 'approved' by the National Association of Long-Term Care Administrator Boards (NAB) are presumptively approved by the Department for Oklahoma CEU credit. For those Programs that are not 'approved' by NAB, the Department must formally review and provide its 'approval' of the same before CEUs will be recognized for purposes of Oklahoma licensure.

Attached is a "Sponsor Application Form" for your use in submitting a proposed continuing education (CEU) program to the Oklahoma State Department of Health (OSDH).

One copy of this Form must be submitted with each program request (program requests are date-specific). All information requested must be submitted and the Form must be signed and dated. Because the Department must review each Form and provide its 'approval' in advance of the presentation of the program, the Form must be received by the Department no later than thirty (30) days in advance.



SPONSOR APPLICATION FORM: CONTINUING EDUCATION PROGRAM

1. Name of sponsoring organization: _____
2. Street Address: _____
City, State, Zip: _____
3. Contact Person _____ Title: _____
Tel: _____ Fax: _____ Email: _____
4. Program title: _____

5. Number of CEU clock hours requested:
(60 minutes = 1 clock hour, no fractions permitted): _____
6. All requests for review by the Department for consideration of awarding CEU credit hours must be submitted with a \$55.00 per credit hour review/approval fee based upon the number of CEU hours requested by the sponsor. This fee is non-refundable, in whole or in part, regardless of the number of hours 'approved' by the Board, as opposed to the number of hours that had been requested by the sponsor.

[NOTE: A check or money order in the amount of the review/approval fee must accompany this Application.] Hours requested in 5. (above) x \$55.00 = \$ _____
7. Has this Program been previously approved by the NCERS/NAB?
[] Yes [] No If "Yes", program number: _____
8. Please enter the code number(s) from the enclosed "Domains of Practice" that best categorizes the subject matter of the Program for which approval is being sought (see Attachment No. 1): _____

9. How does this Program relate to long term care administration in keeping with the Rules of the Department (see Attachment No. 2)?

10. Attach the specific terminal objectives for the Program, outline the associated content, indicate teaching methods and any instructional media to be utilized (see page 5 of 16 of this Application).



11. Attach current bio or vita (limited to one page) for each presenter. Bio or vita for each presenter must be included before the Program can be reviewed by the Board (see page 6 of 16).
12. Attach a detailed time schedule for each Program, showing the breakdown of each day's activities, including starting and ending times.
13. Organizational philosophy and objectives: _____

14. Presenter's (Presenters') background in continuing education: _____

15. Presenter's (Presenters') background in long term care administration: _____

16. Describe long term care administrator involvement in the Program planning: _____

17. Specify length of time records kept for Program records retained: _____
18. Describe method for recording attendance during the Program (attendance must be monitored throughout the entire day) and attach a copy of the attendance form to be used: _____

19. How are evaluations utilized? _____

20. Our organization agrees to allow for periodic OSDH monitoring of individual Programs.
21. Attach an example of the "*Certificate of Attendance*" to be issued to attendees.

Name (typed/printed) of individual submitting Application

Title

Signature

Date



EDUCATIONAL OFFERING: Session Worksheet

[Attach a copy of this worksheet to each Program application submitted.]

Instructions: provide information to meet criteria for Objectives, Content, Time Frames, Faculty and Teaching Methods

TITLE OF SESSION: _____

OBJECTIVES (list in Operational/Behavioral terms): _____

CONTENT (topics): _____

TIME FRAME (time frame for topic area): _____

FACULTY (list faculty member or presenter for each topic): _____

TEACHING METHOD (describe method(s) used for each topic): _____



Biographical Data Form

[Make as many copies of this form as necessary to provide information on each presenter required in order to document adherence to the required criteria. Please do not send résumé or curriculum vitae.]

Program Title: _____

Topic(s): _____

Presenter: _____

Address: _____

Contact information (telephone, fax, email): _____

Present Position: _____

Organization: _____

Title: _____

Academic and Professional Preparation:

Educational Institution	Degree Awarded	Major	Year

Brief overview of current professional responsibilities: _____

Pertinent experiences (no more than 3) qualifying individual to present the subject matter: _____

Attachment No. 1

DOMAINS OF PRACTICE, 2024

1	Care, Services, and Supports
1A	Quality of Care
1A1	Medical and Nursing Care Practices
1A2	Medication Management and Administration
1A4	Nutrition and Hydration (e.g., specialized diets)
A6	Rehabilitation and Restorative Programs
1A7	Care Recipient Assessment and Interdisciplinary Care Planning
1A8	Clinical and Medical Records and Documentation Requirements (e.g., storage, retention, destruction)
1A9	Medical Director
1A10	Emergency Medical Services (e.g., CPR, first aid, Heimlich maneuver, AED)
1A11	Transition of Care (e.g., admission, move-in, transfer, discharge, and move-out)
1B	Quality of Life
1B1	Psychosocial Needs (e.g., social, spiritual, community, cultural)
1B2	Person-Centered Care and Comprehensive Care Planning
1B3	Care Recipient Bill of Rights and Responsibilities
1B4	Care Recipient Safety (e.g., fall prevention, elopement prevention, adverse events)
1B5	Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution
1B6	Care Recipient Advocacy (e.g., Ombudsman, resident and family council)
1B7	Care Recipient Decision-Making (e.g., capacity, power of attorney, guardianship, conservatorship, code status, advance directives, ethical decision-making)
1B9	Recognition of Maltreatment (e.g., abuse, neglect, exploitation)
1B10	Mental and Behavioral Health (e.g., cognitive impairment, depression, social support systems)
1B11	Trauma-Informed Care (e.g., PTSD)
1B12	Pain Management
1B13	Death, Dying, and Grief
1B14	Restraint Usage and Reduction
1B15	Foodservice (e.g., choice and menu planning, dietary management, food storage and handling, dining services)
1B16	Social Services Programs
1B17	Therapeutic Recreation and Activity Programs
1C	Ancillary Services
1C1	Hospice and Palliative Care
1C3	Transportation for Care Recipients
1C5	Diagnostic Services (e.g., radiology, lab services)
1C6	Dental and Oral Care Services
1C7	Healthcare Partners and Clinical Providers (e.g., MD/DO, Nurse Practitioner, Psychiatrist,

- Podiatrist, Dentist)
1C8 Volunteer Programs

2 Operations

2A Financial Management

- 2A5 Revenue and Reimbursement (e.g., PDPM, PDGM, ACOs, HMOs, Medicaid, private payors)
2A6 Financial Reporting Requirements (e.g., requirements for not-for-profit, for-profit, and governmental providers)
2A7 Integration of Clinical and Financial Systems (e.g., EMR/EHR, MDS)
2A10 Resident Trust Accounts for Personal Funds

2B Risk Management

- 2B1 OSHA Rules and Regulations
2B4 Compliance Programs
2B7 Scope of Practice and Legal Liability
2B8 Internal Investigation Protocols and Techniques (e.g., incidents, adverse events)
2B9 Mandatory Reporting Requirements (e.g., incidents, adverse events, abuse, neglect, financial exploitation, fraud)
2B11 Healthcare Record Requirements (e.g., confidentiality, disclosure, safeguarding, HIPAA, HITECH)
2B12 Security (e.g., cameras, monitoring systems, locks, staff location reporting)
2B13 Contracted Services (e.g., roles, responsibilities, oversight, background checks)

2C Human Resources

- 2C4 Organizational Staffing Requirements and Reporting (e.g., PBJ)
2C5 Staff Certification and Licensure Requirements
2C6 Professional Development (e.g., maintenance of credentials, continuing education)
2C7 Employee Training and Orientation
2C8 Performance Evaluation
2C10 Employee Record-Keeping Requirements
2C13 Cultural Competence and Diversity Awareness

3 Environment and Quality

3A Care Setting

- 3A1 Federal Codes and Regulations for Building, Equipment, Maintenance, and Grounds
3A2 Person-Centered Environment (e.g., home-like environment)
3A3 Safety and Accessibility (e.g., ADA, safety data sheets)
3A4 Facility Management and Environmental Services
3A6 Preventative and Routine Maintenance Programs (e.g., pest control, equipment, mechanical systems)
3A7 Infection Control and Sanitation (e.g., linens, kitchen, hand washing, healthcare-acquired infections, hazardous materials)
3A8 Disaster and Emergency Planning, Preparedness, Response, and Recovery (e.g., Appendix Z)

3B Regulatory Compliance

- 3B1 Federal Healthcare Laws, Rules, and Regulations
- 3B2 Government Programs and Entities (e.g., Medicare, Medicaid, waivers)
- 3B3 Certification and Licensure Requirements for the Organization
- 3B4 Regulatory Survey and Inspection Process
- 3B5 Procedures for Informal Dispute Resolution (IDR)
- 3B6 Centers for Medicare and Medicaid Services (CMS) Quality Measures
- 3B7 Quality Assurance and Performance Improvement (QAPI)
- 3B8 Bed-Hold Requirements
- 3B9 Pre-Admission Screening Annual Review (PASRR)
- 3B10 Facility Assessment

Attachment No. 2

310:679-9-1. General provisions for continuing education programs

- (a) Continuing education programs requests for credit recognition must be submitted to the Department for approval prior to presentation.
- (b) The continuing education program is responsible for providing proof of participation and credit amounts awarded to each participant. At a minimum, proof of participation must include:
 - (1) Name of attendee,
 - (2) Number of clock hour credit,
 - (3) Subject matter of training; and
 - (4) Facility type addressed by the training if facility-specific:
- (c) Administrators shall be responsible for submitting proof of continuing education that meets CE requirements upon renewal.
- (d) All programs approved by the National Continuing Education Review Service (NCERS), National Association of Long-Term Care Administrator Boards (NAB) that receive a NCERS/NAB approval number will count towards CE requirements with proper documentation.
- (e) Attendees may be awarded partial credit, at the discretion of the sponsor, for partial participation, late arrival, or early departure from the program.
- (f) The Department may deny or revoke program approval if the program sponsor fails to issue hours appropriately.

[Source: Transferred from 490:1-9-1 by HB 2824 (2023), eff 11-1-23; Amended at 41 Ok Reg, Number 22, effective 8-11-24]

310:679-9-2. Criteria for continuing education programs

A correctly completed application must be submitted to the Department at least thirty (30) days in advance of the program:

- (a) The application shall contain documentation demonstrating the following requirements:
 - (1) The program shall relate to Long-Term Care Administration and be designed to promote continued knowledge, skills, and attitudes consistent with current standards in long-term care administration.
 - (2) The program shall be designed to assist administrators in improving their professional competencies.
 - (3) The program shall be open and available to all long-term care administrators in Oklahoma.
 - (4) The program location must be adequately equipped and have enough space to accommodate attendees.
 - (5) Instructors must have long-term care supervision or administration experience, have instructional expertise and/or have suitable academic qualifications in a relevant academic field.

- (6) The program objectives must:
 - (A) have reasonable and clear objectives with defined outcome expectations,
 - (B) be consistent with the program content; and
 - (C) identify the mechanism through which they will be taught.
- (7) Clearly stated program methods appropriate to the subject matter with an identified timeframe for teaching concepts.
- (8) Instructional aids and resource materials used in the program.
- (9) Sponsors are qualified in the subject matter presented.
- (10) The registration fee for the program and the location where the fee will be published on promotional material.
- (11) The program evaluation form.
- (12) The method used to capture accurate attendance or on-line completion.
- (13) Information indicating the instructional hours are based on clock hours (60 minutes= 1 clock hour).
- (14) An agenda showing all educational activities.
- (15) No more than seven (7) clock hours included in the program per day. In the event there is a required, onsite, coursework-specific presenter during the lunch hour, eight (8) hours may be included in the program description.
- (16) Licensed administrators who are "presenters" of approved CE programs may receive credit one-time annually for the clock hour value of the class(es) they present. If the material is presented multiple times, credit is only awarded once per licensure year for the same educational material.
- (17) Licensed administrators who present in a Department approved entry level training such as Tier 2 RC/AL, Adult Day Care or ICF/IID-16 initial licensure training, will receive CE credit one time annually for the clock hour value of the material they present.
- (18) Providers of continuing education courses must provide the template for the documentation that will be provided to attendees to include, at a minimum, the following requirements:
 - (A) The name of the attendee,
 - (B) the number of clock hour credits awarded for the training,
 - (C) the subject matter of the training; and
 - (D) if applicable, the type of facility the training addressed.
- (19) The Department may revoke approval of a continuing education course if it is determined the course no longer meets continuing education requirements.