

Nursing Assistant Career Advancement Program

Provider Name: _____

Provider Address: _____

Main Contact Name: _____

Main Contact Email: _____

NACAP Model Selection:

RCF Career Exploration

SNF Career Exploration

RCF Medication Aide

SNF Medication Aide

RCF STNA Medication Aide

SNF Complex Medical Model

Specializations*:

Dementia

End of Life

Technology

Restorative Nursing

Mental/Behavioral Health

**Please see provided list of approved vendors for specializations. If you would like to submit your organization's course, please email ehart@ohca.org*

Current Agency Staffing Hours (monthly average for most recent quarter): _____

Current STNA Turnover Costs (monthly average for most recent quarter): _____

Current LPN Turnover Costs (monthly average for most recent quarter): _____

Current percentage of residents/families that would recommend your facility: _____

