

## BASIC NURSING ASSISTANT TRAINING PROGRAM

### FACILITY & EQUIPMENT/SUPPLIES FORM

- This form is being completed as part of a New BNATP application and will be attached to the **BNATP NEW PROGRAM SUBMISSION CHECKLIST**.
- This form is being completed and will be attached to the **BNATP COMPLIANCE VERIFICATION SUBMISSION CHECKLIST**.
- This form is being submitted because of proposed changes in a theory and/or lab location of an existing BNATP.

Please answer the following questions and provide the requested information regarding Theory and Lab Environment, including the BUILDING in which class is to be conducted. Attach additional pages as necessary to provide all requested information.

- Are other businesses located in the same building? \_\_\_\_\_
- If so, please list and provide a description of these.
- What is the maximum number of students you plan to have in each class? \_\_\_\_\_
- Is and how many hand washing sink(s) are available in the theory classroom? \_\_\_\_\_
- Is and how many hand washing sink(s) are available in the lab? \_\_\_\_\_
- How many of the theory hours will be designated/used for lab? \_\_\_\_\_
- Is the lab environment a dedicated space? \_\_\_\_\_
- Describe other uses for the lab space.

| <b>THEORY and LABORATORY PHYSICAL ENVIRONMENT(S)</b> |             |                       |                        |                                                    |                                         |
|------------------------------------------------------|-------------|-----------------------|------------------------|----------------------------------------------------|-----------------------------------------|
| Type of Space<br>(Classroom or Lab)                  | Room Number | Total Net Square Feet | Total Seating Capacity | Type of seating for students (desk, chair, table?) | AV &/or Multi-Media Equipment Available |
|                                                      |             |                       |                        |                                                    |                                         |
|                                                      |             |                       |                        |                                                    |                                         |
|                                                      |             |                       |                        |                                                    |                                         |

Indicate the number/amount of the following equipment and supplies that are available for use by students in theory and/or lab at this location. Since this is only a partial listing, include additional equipment and supplies available for your students.

| <b>ITEM</b>                                  | <b>NUMBER and/or AMOUNT</b> |
|----------------------------------------------|-----------------------------|
| Hospital beds (1 bed per 5 students)         |                             |
| Bed linen – be specific                      |                             |
| Pillows                                      |                             |
| Overbed tables, bedside cabinets, chairs     |                             |
| Stethoscopes (include training stethoscopes) |                             |
| Thermometers (indicate the types)            |                             |
| Sphygmomanometers (indicate available sizes) |                             |
| Bedpans, urinals, emesis basins, wash basins |                             |
| Wheelchairs                                  |                             |
| Transfer/gait belts                          |                             |
| LIST other necessary equipment/supplies      |                             |
|                                              |                             |

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**BNAT Program Code** \_\_\_\_\_

Date \_\_\_\_\_