

## **Requirements for Partnership**

*Please complete and return to Nebraska Health Care Learning Center.*

Name of Facility:

1. Signed agreement between your facility and NHC-LC
2. How often would you like to teach a program?
3. Which program(s) do you want to teach?
4. Room size can accommodate how many students. \_\_\_\_\_
5. Square footage of room is \_\_\_\_\_.
6. Enclose a copy of inspection certificate:
7. If teaching the Basic Nursing Assistant course, confirm that you have all of the equipment on the "Clinical Examination Equipment List".
8. Confirm that you meet the requirements presented in "Title 175 Chapter 13 Regulations and standards governing the Approval of Training programs for Nursing Assistants."
9. Provide a list of major equipment available for student/instructor use.
10. Return completed Instructor Qualification Form(s).