



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING AND REGULATORY SERVICES**

**Workforce Development**

Application for Paid Feeding Assistant Training Program Approval

|  |        |                  |         |
|--|--------|------------------|---------|
| <b>SECTION 1: Institution/Agency Information (Requestor)</b> |        |                  |         |
| Facility/Agency Name:  |        |                  |         |
| Mailing Address:   |        |                  |         |
| City:  | State: | Zip:             | County: |
| Telephone No.: (     )                                       |        | Fax No.: (     ) |         |
| Email Address:   |        |                  |         |

|   |  |
|---|--|
| <b>SECTION 2: Application Type</b>  |  |
| <b>APPLICATION FOR PAID FEEDING ASSISTANT TRAINING PROGRAM APPROVAL</b>   |  |
| <p>P.A. #: _____</p> <p>Program Type (Select one):</p> <p><input type="checkbox"/> Adult Education Program</p> <p><input type="checkbox"/> Proprietary School Program</p> <p><input type="checkbox"/> Technical College Program</p> <p><input type="checkbox"/> Job Training Program</p> <p><input type="checkbox"/> Health Care Facility Program</p> |  |

*For questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services  
Licensing and Regulatory Services  
Workforce Development Program  
41 Anthony Ave; 11 State House Station  
Augusta, ME 04333-0011

Tel: (207) 287-2281      Fax: (207) 287-2673      Toll Free: 1-800-791-4080      TTY users call Maine relay 711  
Email: [robert.e.carr@maine.gov](mailto:robert.e.carr@maine.gov)

|                         |            |                 |                 |                   |
|-------------------------|------------|-----------------|-----------------|-------------------|
| <i>Office Use Only:</i> |            |                 |                 |                   |
| Check# _____            | MO # _____ | Amount \$ _____ | Initials: _____ | Program No: _____ |

**SECTION 3: Facility Information**

Name of Classroom Site:

Telephone No.: (      )

Email Address:

Mailing Address:

City:

State:

Zip:

County:

Name of Clinical Site:

Telephone No.: (      )

Email Address:

Mailing Address:

City:

State:

Zip:

County:

Name of Additional Clinical Site (if applicable):

Telephone No.: (      )

Email Address:

Mailing Address:

City:

State:

Zip:

County:

**SECTION 4: Administrator/Instructional Staff**

*Note: Only a Registered Nurse who has completed a Paid Feeding Assistant Train the Trainer Program or who is an approved Certified Nursing Assistant instructor in the State of Maine, may teach and supervise the Paid Feeding Assistant programs.*

Administrator (Administratively responsible for the overall operation of the program):

Telephone No.: (      )

Email Address:

Home Address:

City:

State:

Zip:

County:

Name of Instructional Staff:

Telephone No.: (      )

Email Address:

Home Address:

City:

State:

Zip:

County:

**SECTION 5: Training Program Information**

Estimated number of students to be served by the program: \_\_\_\_\_

What are the projected dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Program Schedule and hours:

Number of Weeks: \_\_\_\_\_

Days/Evenings per week: \_\_\_\_\_

Timeframe (daily schedule) Classroom: \_\_\_\_\_ Clinical: \_\_\_\_\_

Total Hours: Classroom: \_\_\_\_\_ Clinical: \_\_\_\_\_

## SECTION 6: Submission

Remember to submit the following documents with your completed application:

- Appropriate credentials of Paid Feeding Assistant Program Instructional Staff
  - Copy of current R.N. License
  - Resume of employment experience as registered professional nurse, which documents a minimum of two (2) years (cumulative) as an R.N. and one (1) year (cumulative) as a R.N. in the “provision of long-term care facility services”. The long-term care experience can be a part of the Two (2) year work experience requirement as a R.N. (updated every 5 years).
  - Proof of completion of the state-approved Paid Feeding Assistant “Train-the-Trainer” program or the approved Maine Department of Health and Human Services CNA Train the Trainer program.

In addition, the following documents must be on file with the educational agency or nursing facility:

- Written policies for student admission, retention, and dismissal.
- Adequate facilities for classroom, laboratory and clinical training.
- Training/lesson plans which teach the minimum competencies in a curriculum that must be 16 hours in length and includes:
  - Interpersonal communication & social interaction
  - Feeding skills
  - Infection control
  - Assistive devices for eating
  - Dementia-specialized feeding and intake problems
  - Safety and emergency procedures, including the Heimlich maneuver
  - Normal behavior and change
  - Reporting to the Nurse
  - Nutrition and hydration
  - Feeding techniques

Primary instructor will be required to provide a lab or demonstration experience for the students, and be responsible to obtain R.N. supervision for the student while s/he provides feeding assistance to six (6) residents with varying degrees of difficulty.

- The education agency or health care facility may use the **American Health Care Association (AHCA) curriculum** (see rules for address) that must be taught in a 16-hour course with lab and clinical demonstrations.
- Documentation of student performance and student evaluation including standardized skills checklist (signed by the primary instructor/s) and maintained by the facility.
- Appropriate accreditation/license of facilities to be utilized.
- Requires the use of the State Standardized Contractual Agreement for all cooperating clinical facilities utilized by the educational agency **Paid Feeding Assistant** training program. The standardized contractual agreement form defines the respective roles of the educational delivery system sponsoring the **Paid Feeding Assistant** training program and the cooperating clinical facility.  
Routine monitoring of the **Paid Feeding Assistant** training program by the program administrator or qualified designee to ensure that quality programming standards are met and that the program is in compliance with all applicable State and Federal laws and regulations.
- The program administrator assumes responsibility for conducting a site review of any clinical facilities utilized for Paid Feeding Assistants classroom purposes to ensure that the requirements for facilities, equipment, instructional materials and resources are met. The Department of Health and Human Services, Division of Licensing and Regulatory Services, will monitor this program during their annual reviews.

**SECTION 7: Declaration**

- I certify that all information contained in this application is complete and accurate.
- I understand any falsification of statement may be grounds for denial.
- I certify that all required documents are included and/or on file with the educational agency or nursing facility.
- I understand that a site review(s) may be required before approval is granted.

\_\_\_\_\_

**Print name of Administrator**

\_\_\_\_\_

**Signature of Administrator**

\_\_\_\_\_

**Date**