



**DIALYSIS TECHNICIAN TRAINING PROGRAMS**

Application for Initial Board Approval



## **DIALYSIS TECHNICIAN TRAINING PROGRAM: Application Submission Instructions**

The application for approval of a dialysis technician training program shall contain the following information:

- (1) The name and resume of the program's registered nurse administrator. The resume shall document at least thirty-six months experience in the practice of nursing as a registered nurse that include a minimum of twenty-four months in the care of renal patients with at least six of those twenty-four months in dialysis care; and education or experience in adult education. The registered nurse administrator shall have current, valid licensure in Ohio to practice nursing as a registered nurse.
- (2) The name and credentials of other health care professionals who will provide instruction for conducting classroom and clinical portions of the program in accordance with the professional's educational background and applicable scope of practice as set forth in the appropriate sections of the Revised Code.
- (3) The Training Program objectives or outcomes.
- (4) A curriculum plan that identifies the hours for faculty interactive theoretical instruction and clinical experience. Rule 4723-23-08(A), OAC, requires not less than three hundred twenty clock hours of instruction and shall include a minimum of one hundred clock hours of faculty-interactive theoretical instruction, and a minimum of two hundred twenty clock hours of supervised clinical experience. The curriculum shall include content that ensures sufficient preparation for safe and effective practice as a dialysis technician. The curriculum must contain all content identified in Rule 4723-23-08(A), OAC.
- (5) Written policies that establish the following:
  - (a) Criteria for trainee enrollment and continuation in the program that require, at a minimum, that the individual be able to safely perform the essential functions of a dialysis technician
  - (b) Requirements for successful completion of the program
  - (c) A process for determining achievement of the skills required for the safe performance of dialysis care, which shall include, at a minimum, written verification that the trainee has been taught the required skills, signed by both a registered nurse and the trainee.
  - (d) A description of the record-keeping system to be used by the training program to assure accurate reporting to the board of individuals who have enrolled in and who did or did not successfully complete the program.
  - (e) A process for maintaining trainee records including but not limited to:
    - (i) The date the trainee began the program
    - (ii) The date the trainee completed the program
    - (iii) Competency check lists for each trainee

- (f) An accurate and timely process for providing written notice to the Board regarding enrollment and program completion that includes the dates of trainee enrollment and successful completion, as determined by the nurse who is responsible for administering the program.
- (g) A process for monitoring the status of the dialysis technician intern certificate a trainee may hold.
- (h) A process for evaluation of the program which includes, but is not limited to:
  - (i) Feedback from trainees enrolled in the program regarding the program and the instructional personnel assisting with the program
  - (ii) Feedback from the employers of the trainees who have successfully completed the program
  - (iii) A review of the trainees' level of achievement on the national certification examination
- (i) Those individuals who have authority to notify the Board regarding trainee enrollment, re-enrollment, withdrawal from, and completion of the program.
- (j) A procedure in accordance with paragraph (F) of this rule for dealing with the unexpected vacancy of the nurse responsible for administering the program.
- (k) For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program shall have a process in place to:
  - (i) Review the individual's military education and skills training
  - (ii) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-23 of the Administrative Code
  - (iii) Award credit to the individual for any substantially equivalent military education or skills training
- (l) When the nurse responsible for administering the program vacates the position or is replaced, the board shall be immediately informed in writing of the vacancy and provided the name and qualifications of the new administrator. A training program shall not initiate a new dialysis technician training course unless an administrator who meets the requirements of Rule 4723-23-08(B), OAC.
- (m) When a decision is made to close a training program, the board shall be notified in writing of the decision and shall be provided with the following information:
  - (i) The tentative date of the closing
  - (ii) The location of the program's records, including but not limited to trainees' records
  - (iii) The name and address of the custodian of the records
- (6) Additional Information: Include the Program's organizational chart

**SUBMISSION INSTRUCTIONS:** All Dialysis Technician Training Program Approval Applications and related materials are to be submitted in both hardcopy and electronic format on either a USB flash drive or a CD-ROM, and in Portable Document Format (PDF). The above numbered material sections should be saved under separate files on the USB flash drive or CD, e.g., Program Curriculum, Clinical Experience Facilities, Personnel, Policies, and Organizational Chart. If you are unable to convert non-electronic documents to electronic format, you may list the enclosures that are not electronic and submit them in a hardcopy with the USB flash drive or CD. Check the USB flash drive or CD content for readability before submitting to guard against corruption.

**Please submit to:**

Ohio Board of Nursing  
Education Unit  
17 South High St., Suite 660  
Columbus, OH 43215-3466

A copy of the Application and Credit Card Authorization Form must be emailed to [fiscal@nursing.ohio.gov](mailto:fiscal@nursing.ohio.gov).



# Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

## Dialysis Technician Training Program Approval Application (Form A)

### Program Contact Information

Legal/Official Name of Program \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Organization Providing Program \_\_\_\_\_

Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Nurse Administrator Contact Information

Nurse Administrator (Must be an Ohio Registered Nurse) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Please provide the following information:

- How many classes will be provided per year? \_\_\_\_\_ What is the expected average enrollment per class? \_\_\_\_\_
- Is clinical instruction provided at the above address? Yes \_\_\_\_\_ No \_\_\_\_\_

**Provide information below for all clinical site(s) used: Attach a separate sheets of paper if needed to list additional facilities.**

Name of Clinical Site \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Clinical Site \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Attestation:**

The Applicant has reviewed Ohio law and rules relating to requirements for the administration of a Dialysis Technician Training Program and attests that the Training Program it proposes meets and will maintain these requirements. The information submitted in this Application is true and accurate.

\_\_\_\_\_  
Name (Registered Nurse Administrator) Title

\_\_\_\_\_  
Signature Date

**Please submit the application, documents and credit card authorization form in the amount of \$300 to the Board.**  
**Incomplete submissions will NOT be processed.**



# Ohio Board of Nursing

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

## Credit Card Authorization Form

Card Holder Name: \_\_\_\_\_

Address Associated with Credit Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

CVV \_\_\_\_\_

Payment Amount: \_\_\_\_\_

### Reason for Payment (Please Check Box):

Disqualifying Determination Request

Email this form to: [disqualifying-offense-requests@nursing.ohio.gov](mailto:disqualifying-offense-requests@nursing.ohio.gov)

Community Health Worker Training Program

Email this form to: [fiscal@nursing.ohio.gov](mailto:fiscal@nursing.ohio.gov)

Dialysis Technician Training Program

Email this form to: [fiscal@nursing.ohio.gov](mailto:fiscal@nursing.ohio.gov)

Medication Aide Training Program

Email this form to: [fiscal@nursing.ohio.gov](mailto:fiscal@nursing.ohio.gov)

OBN Approver of CE

Email this form to: [fiscal@nursing.ohio.gov](mailto:fiscal@nursing.ohio.gov)

Your signature on this form authorizes use of the credit card shown for the amount listed to pay fees to the Ohio Board of Nursing.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_