

MAP 414

For Nurse Aide Training Providers

For: New/Restart Program Requests and Reporting Existing Program Changes

Table of Contents

MAP 414 Link	Page 3
Reporting Changes to Active Program	Page 4
Reporting Restarting a Program	Page 16
Reporting Starting a Program	Page 28

MAP 414 can be found:

<https://nurseaide.kctcs.edu/nurse-aide-training-programs/index.aspx>

REMINDER:
Instructors must first be on the MOI Instructor Registry before adding them in a MAP 414.



Nurse Aide Training Programs

● Nurse Aide Training Programs

[MOI Instructor Registry - Verify Approved Nurse Aide Instructors](#)

[MOI Registry Instructions](#)

MAP 414

You may now submit changes to your program or request to start a new program [online!](#)

Nurse Aide Train Programs

The Commonwealth of Kentucky, Cabinet for Health and Family Service Community and Technical College System (KCTCS) have entered into a Kentucky nurse aide training and program oversight.

This agreement provides a seamless way to ensure nurse aide student education and that quality standards are met at all facilities providing is a standard of training that focus resident care so all Kentuckians can health outcomes possible.

Reporting Changes to Active Program

- Add New Clinical Site
- Move an existing Classroom or Lab
- Report other changes to program

- Add Instructor(s)
- Remove Instructor(s)
- New Program Coordinator

SCREEN 1

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 1: Program Information

1. Fill out Program Information

- Select all applicable changes.
- A red text box will appear per selection. Write a brief explanation of the change.

Program Information

Are you starting a new nurse aide training program? *
NO

Are you restarting a nurse aide training program that was decertified, closed or operating under a waiver? *
NO

Add New Clinical Site Add Instructor(s)

Move an existing Classroom or Lab Remove Instructor(s)

Report other changes to program New Program Coordinator

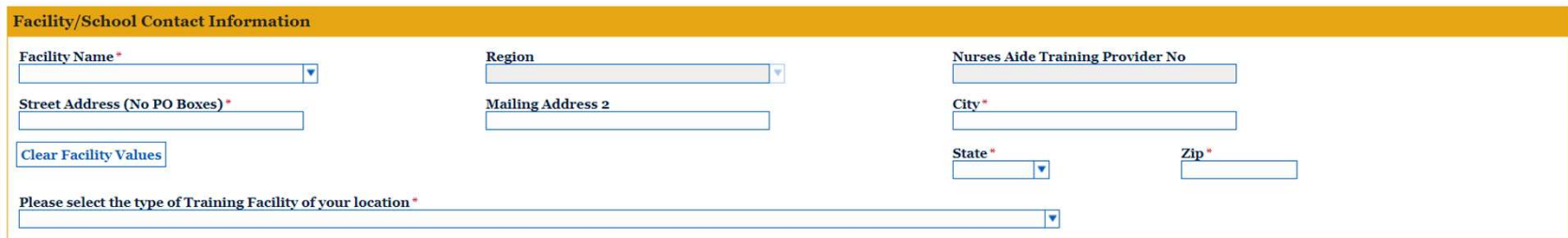
Please write a brief description of the instructor removal changes you are requesting. *

Please write a brief description of the additional instructors you are requesting. *

Screen 1: Program Information

2. Fill out Facility/School Contact information.

- If you are an existing training provider, the system will auto fill the information once the facility name is selected from the drop down.



Facility/School Contact Information

Facility Name * <input type="text"/>	Region <input type="text"/>	Nurses Aide Training Provider No <input type="text"/>
Street Address (No PO Boxes) * <input type="text"/>	Mailing Address 2 <input type="text"/>	City * <input type="text"/>
<input type="button" value="Clear Facility Values"/>		State * <input type="text"/>
Please select the type of Training Facility of your location * <input type="text"/>		Zip * <input type="text"/>

Screen 1: Program Information

3. Fill out information on the Program Coordinator and select **NEXT**

Program Coordinator

(Must be a Registered Nurse with active, unrestricted licensure through the KY Board of Nursing.)

Is Program Coordinator also a Primary Instructor? *

Nursing License Number *	Nursing License Number Verify *	First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name *	Email Address *	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Licensure *		
<input type="text"/>		

Is the Program Coordinator also the Director of Nursing at the facility? *

YES
 NO

Has the Program Coordinator been an RN for at least two years? (Per Kentucky regulations, RN instructors must have a minimum of two years' experience.) *

YES
 NO

Program Coordinator's total years of experience performing Long-Term Care Services: (Per Kentucky regulations, instructors must have a minimum of one year of Long-Term Care Services experience.) *

SCREEN 2

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 2: Facility History

4. If the facility is a **Proprietary Provider**, upload the documentation from KY Commission for Proprietary Education.

Proprietary Education

If you answer yes, please provide copies of licensure received.

If the education facility will be a Proprietary provider, has the licensure process been completed with KY Commission for Proprietary Education?*

- YES
 NO

Documentation Upload (0)

Upload Documentation of KCPE*

Screen 2: Facility History

4. If the facility is a **Long-Term Care Facility**, mark **no** and then **Next**.
If the facility is **not an LTC**, select **yes** and upload required documents, select **Next**.

The screenshot shows a web form titled "Facility History". It has a yellow header bar with the text "Proprietary Education". Below this is a dropdown menu labeled "Is this a Non-LTC Facility?" with "YES" selected. Another yellow header bar reads "Non-LTC Facilities Information". Underneath, there are two paragraphs of instructions: "Affiliation Agreement Required: Please upload the Affiliation Agreement for the nursing facility in which the program has a completed Memorandum of Agreement/MOA to complete clinical hours for the program's students. This document should contain the initial date signed and expiration date as listed on the MOA." and "Liability Insurance: Please upload the program's Proof of Liability Insurance. Proof must include name, address, initial policy date, expiration date and amount of coverage received." Below these instructions are two side-by-side upload fields, each with a yellow header bar: "Upload Affiliation Agreement (o)" and "Upload Proof of Liability Insurance (o)". Each field contains an "Attach" button. At the bottom left of the form are "Back" and "Next" buttons. Green arrows point to the "YES" dropdown, the "Attach" buttons for both upload fields, and the "Back" and "Next" buttons.

Proprietary Education

Is this a Non-LTC Facility?*

YES

Non-LTC Facilities Information

Affiliation Agreement Required: Please upload the Affiliation Agreement for the nursing facility in which the program has a completed Memorandum of Agreement/MOA to complete clinical hours for the program's students. This document should contain the initial date signed and expiration date as listed on the MOA.

Liability Insurance: Please upload the program's Proof of Liability Insurance. Proof must include name, address, initial policy date, expiration date and amount of coverage received.

Upload Affiliation Agreement (o)

Attach

Upload Proof of Liability Insurance (o)

Attach

Back Next

SCREEN 3

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 3: Instructor Info & SUBMIT

If Adding/Removing Instructors: The following will be at the top of the screen:

- The screen will show either the Add Instructor section, Remove Instructor section, or both depending on the original change selections on screen 1
 - Fill in required information. Select the “ADD” button on the right to record more than one instructor if needed.

INSTRUCTOR INFORMATION

Please list the information for any qualified instructors who have successfully completed the required Methods of Instruction course and will be participating in the training program. **Although the LTC Director of Nursing may be the Program Coordinator, they may not provide Primary RN Instructor oversight or perform instruction or training of any kind.

**The MOI Certificate, NURSYS Licensure Verification and Resume for all instructors & Program Coordinator must be in the current system in order to avoid delays. To submit these, please go to [MOI Registry](#).

Notice: If the Program Coordinator is also the Director, they cannot be an instructor.
Notice: If the Program Coordinator is also an instructor, they do not need to be added to the ADD Nurse Aide Instructor list below.

Complete this section to request additional instructor(s) added to your program. "Click the ADD button to the right to add more than one instructor to the list". **Add**

+ Nursing Lic Num *	+ Nursing Lic Num Verify	+ First Name	+ Last Name	+ Total Yrs Providing LTC Services	+ New Instructor	+ Date MOI Received	+ DON of LTC Facility	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>



Complete this section to request a Nurse Aid Instructor(s) removed. "Click the ADD button to the right to add more than one instructor requested to be removed." **Add**

- Nursing Lic Num *	- Nursing Lic Num Verify	- First Name	- Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>



Screen 3: Instructor Info & SUBMIT

Adding/Removing Instructors

 + **Nursing Lic Num**: This field is required.
 - **Nursing Lic Num**: This field is required.



6. Review the top of the screen for any notifications of missing information.
7. Sign, complete fields and click **SUBMIT**.

Thank You. Upon clicking the Submit Button below, the nurse aide program request will be submitted. KCTCS has 90 days to grant program approval, however we strive for a 30 day turn around on applications submitted with all required documentation. You will be contacted if additional information is needed. If you have any questions, please contact KYNurseAideTraining@kctcs.edu

Please note, failure to send any required documentation will result significant delays to the approval process.

Thank you again for your interest in training nurse aides in KY.

To complete this form, please sign below and click the Submit Form button.

Signature *



Is the Signature above the Program Coordinator? *

Contact Information

Please fill in the information for the person completing the form.

Name	Title	Email Address	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="12/06/2024"/>



Successful Submission

Nurse Aide Resources

[Nurse Aide Resources](#)

[Resources for Nurse Aide Students](#)

[Instructors](#)

[MOI Instructor Registry](#)

[Secondary Partners](#)

Thank You

Your form has been submitted. No further action is required.

Turnaround time is typically 2-3 business days after submission. You will be notified via the email you used to apply.

Check out the KCTCS nurse aide website. The site contains helpful information and resources for programs, instructors and students.

Questions: kynurseaidetraining@kctcs.edu.

Reporting Restarting a Program

SCREEN 1

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 1: Program Information

1. Fill out Program Information

- Select all applicable changes.
 - A red text box will appear per selection. Write a brief explanation of the change.
-

Program Information

Are you starting a new nurse aide training program? *

NO

Are you restarting a nurse aide training program that was decertified, closed or operating under a waiver? *

YES

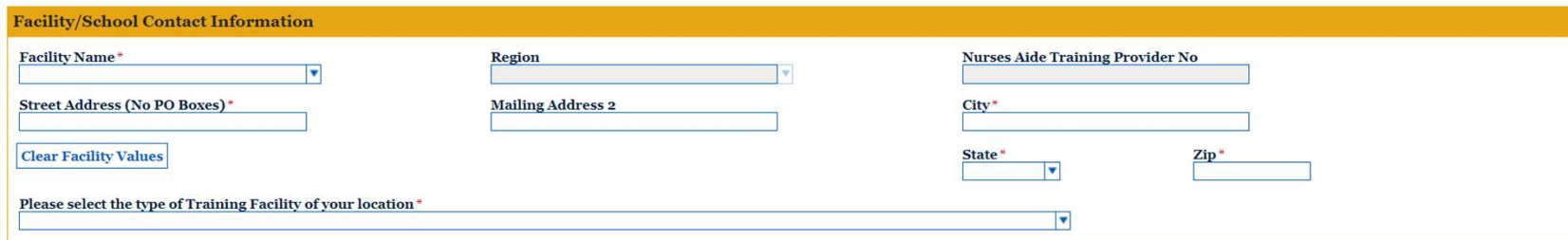
Please write a brief description of why your restarting, and the changes you are requesting. *



Screen 1: Program Information

2. Fill out Facility/School Contact information.

- If you are an existing training provider, the system will auto fill the information once the facility name is selected from the drop down.



Facility/School Contact Information

Facility Name * <input type="text"/>	Region <input type="text"/>	Nurses Aide Training Provider No <input type="text"/>
Street Address (No PO Boxes) * <input type="text"/>	Mailing Address 2 <input type="text"/>	City * <input type="text"/>
<input type="button" value="Clear Facility Values"/>		State * <input type="text"/>
Please select the type of Training Facility of your location * <input type="text"/>		Zip * <input type="text"/>

Screen 1: Program Information

3. Fill out information on the Program Coordinator and select **NEXT**

Program Coordinator

(Must be a Registered Nurse with active, unrestricted licensure through the KY Board of Nursing.)

Is Program Coordinator also a Primary Instructor? *

Nursing License Number *	Nursing License Number Verify *	First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name *	Email Address *	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Licensure *		
<input type="text"/>		

Is the Program Coordinator also the Director of Nursing at the facility? *

YES
 NO

Has the Program Coordinator been an RN for at least two years? (Per Kentucky regulations, RN instructors must have a minimum of two years' experience.) *

YES
 NO

Program Coordinator's total years of experience performing Long-Term Care Services: (Per Kentucky regulations, instructors must have a minimum of one year of Long-Term Care Services experience.) *

SCREEN 2

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 2: Facility History

4. If the facility is a **Proprietary Provider**, upload the documentation from KY Commission for Proprietary Education.

Proprietary Education

If you answer yes, please provide copies of licensure received.

If the education facility will be a Proprietary provider, has the licensure process been completed with KY Commission for Proprietary Education? *

- YES
 NO

Documentation Upload (0)

Upload Documentation of KCPE *

[Attach](#)

Screen 2: Facility History

4. If the facility is a **Long-Term Care Facility**, mark **no** and then **Next**.
If the facility is **not an LTC**, select **yes** and upload required documents, select **Next**.

The screenshot shows a web form titled "Facility History". It is divided into sections by orange headers. The first section is "Proprietary Education". Below it is a dropdown menu labeled "Is this a Non-LTC Facility?" with "YES" selected. The next section is "Non-LTC Facilities Information", which contains two paragraphs of instructions: "Affiliation Agreement Required: Please upload the Affiliation Agreement for the nursing facility in which the program has a completed Memorandum of Agreement/MOA to complete clinical hours for the program's students. This document should contain the initial date signed and expiration date as listed on the MOA." and "Liability Insurance: Please upload the program's Proof of Liability Insurance. Proof must include name, address, initial policy date, expiration date and amount of coverage received." Below these instructions are two upload fields: "Upload Affiliation Agreement (o)" and "Upload Proof of Liability Insurance (o)". Each field has an "Attach" button. At the bottom of the form are "Back" and "Next" buttons. Green arrows point to the "Is this a Non-LTC Facility?" dropdown, the "Attach" buttons for both upload fields, and the "Back" and "Next" buttons.

Proprietary Education

Is this a Non-LTC Facility? *
YES

Non-LTC Facilities Information

Affiliation Agreement Required: Please upload the Affiliation Agreement for the nursing facility in which the program has a completed Memorandum of Agreement/MOA to complete clinical hours for the program's students. This document should contain the initial date signed and expiration date as listed on the MOA.

Liability Insurance: Please upload the program's Proof of Liability Insurance. Proof must include name, address, initial policy date, expiration date and amount of coverage received.

Upload Affiliation Agreement (o) **Upload Proof of Liability Insurance (o)**

Attach Attach

Back Next

SCREEN 3

PROGRAM INFORMATION

FACILITY HISTORY

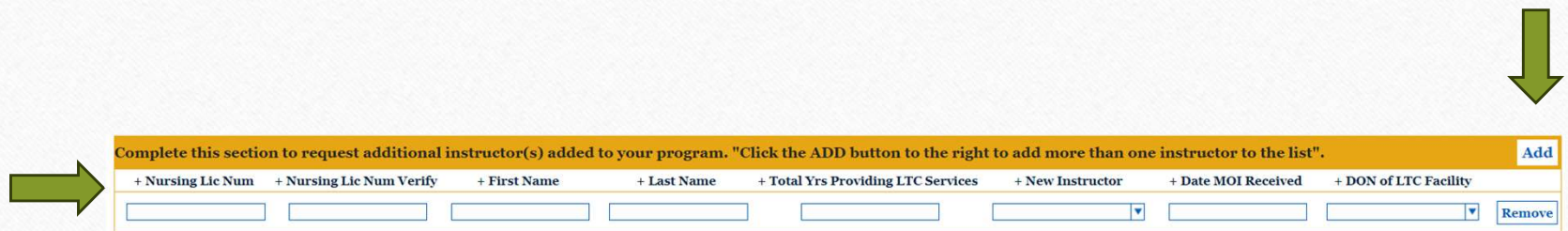
INSTRUCTOR INFO & SUBMIT



Screen 3: Instructor Info & SUBMIT

Adding Instructors will be at the top of the screen:

5. Fill in required information. Select the “ADD” button on the right to record more than one instructor if needed.



Complete this section to request additional instructor(s) added to your program. "Click the ADD button to the right to add more than one instructor to the list". [Add](#)

+ Nursing Lic Num	+ Nursing Lic Num Verify	+ First Name	+ Last Name	+ Total Yrs Providing LTC Services	+ New Instructor	+ Date MOI Received	+ DON of LTC Facility	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove

Screen 3: Instructor Info & SUBMIT

 + **Nursing Lic Num**: This field is required.
 - **Nursing Lic Num**: This field is required.



6. Review the top of the screen for any notifications of missing information.
7. Sign, complete fields and click **SUBMIT**.

Thank You. Upon clicking the Submit Button below, the nurse aide program request will be submitted. KCTCS has 90 days to grant program approval, however we strive for a 30 day turn around on applications submitted with all required documentation. You will be contacted if additional information is needed. If you have any questions, please contact KYNurseAideTraining@kctcs.edu

Please note, failure to send any required documentation will result significant delays to the approval process.

Thank you again for your interest in training nurse aides in KY.

To complete this form, please sign below and click the Submit Form button.

Signature *

Click to Sign Document

Is the Signature above the Program Coordinator? *

Contact Information

Please fill in the information for the person completeing the form.

Name	Title	Email Address	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="12/06/2024"/>



Successful Submission

Nurse Aide Resources

[Nurse Aide Resources](#)

[Resources for Nurse Aide Students](#)

[Instructors](#)

[MOI Instructor Registry](#)

[Secondary Partners](#)

Thank You

Your form has been submitted. No further action is required.

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Check out the KCTCS nurse aide website. The site contains helpful information and resources for programs, instructors and students.

Questions: kynurseaidetraining@kctcs.edu.

Reporting Starting a Program

SCREEN 1

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 1: Program Information

1. Fill out Program Information
-

Program Information

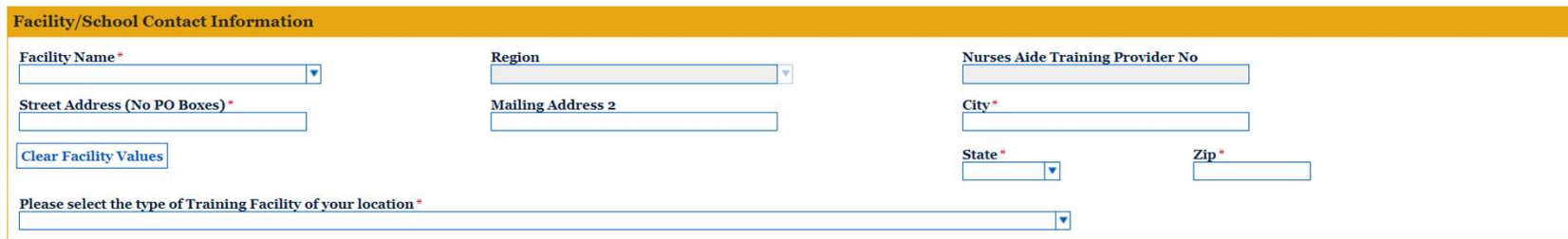
Are you starting a new nurse aide training program? *

YES

Screen 1: Program Information

2. Fill out Facility/School Contact information.

- If you are an existing training provider, the system will auto fill the information once the facility name is selected from the drop down.



Facility/School Contact Information

Facility Name * <input type="text"/>	Region <input type="text"/>	Nurses Aide Training Provider No <input type="text"/>
Street Address (No PO Boxes) * <input type="text"/>	Mailing Address 2 <input type="text"/>	City * <input type="text"/>
<input type="button" value="Clear Facility Values"/>		State * <input type="text"/>
Please select the type of Training Facility of your location * <input type="text"/>		Zip * <input type="text"/>

Screen 1: Program Information

3. Fill out information on the Program Coordinator and select **NEXT**

Program Coordinator

(Must be a Registered Nurse with active, unrestricted licensure through the KY Board of Nursing.)

Is Program Coordinator also a Primary Instructor? *

Nursing License Number *	Nursing License Number Verify *	First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name *	Email Address *	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Licensure *		
<input type="text"/>		

Is the Program Coordinator also the Director of Nursing at the facility? *

YES
 NO

Has the Program Coordinator been an RN for at least two years? (Per Kentucky regulations, RN instructors must have a minimum of two years' experience.) *

YES
 NO

Program Coordinator's total years of experience performing Long-Term Care Services: (Per Kentucky regulations, instructors must have a minimum of one year of Long-Term Care Services experience.) *

SCREEN 2

PROGRAM INFORMATION

FACILITY HISTORY

INSTRUCTOR INFO & SUBMIT



Screen 2: Facility History

4. If the facility is a **Proprietary Provider**, upload the documentation from KY Commission for Proprietary Education.

Proprietary Education

If you answer yes, please provide copies of licensure received.

If the education facility will be a Proprietary provider, has the licensure process been completed with KY Commission for Proprietary Education? *

- YES
 NO

Documentation Upload (0)

Upload Documentation of KCPE *

[Attach](#)

Screen 2: Facility History

4. If the facility is a **Long-Term Care Facility**, mark **no** and then **Next**.
If the facility is **not an LTC**, select **yes** and upload required documents, select **Next**.

The screenshot shows a web form titled "Facility History". It has a yellow header bar with the text "Proprietary Education". Below this is a dropdown menu labeled "Is this a Non-LTC Facility?" with "YES" selected. Another yellow header bar reads "Non-LTC Facilities Information". Underneath, there are two paragraphs of text: "Affiliation Agreement Required: Please upload the Affiliation Agreement for the nursing facility in which the program has a completed Memorandum of Agreement/MOA to complete clinical hours for the program's students. This document should contain the initial date signed and expiration date as listed on the MOA." and "Liability Insurance: Please upload the program's Proof of Liability Insurance. Proof must include name, address, initial policy date, expiration date and amount of coverage received." Below the text are two upload fields, each with a yellow header bar: "Upload Affiliation Agreement (o)" and "Upload Proof of Liability Insurance (o)". Each field contains an "Attach" button. At the bottom left of the form are "Back" and "Next" buttons. Green arrows point to the "YES" dropdown, the "Attach" buttons for both upload fields, and the "Back" and "Next" buttons.

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Upload Affiliation Agreement (o)

Attach

Upload Proof of Liability Insurance (o)

Attach

Back Next

SCREEN 3

PROGRAM INFORMATION

FACILITY HISTORY

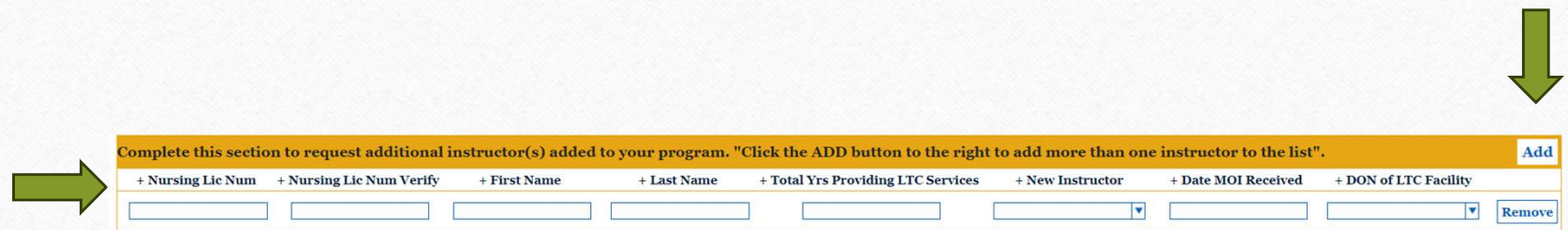
INSTRUCTOR INFO & SUBMIT



Screen 3: Instructor Info & SUBMIT

Adding Instructors will be at the top of the screen:



5. Fill in required information. Select the “ADD” button on the right to record more than one instructor if needed.



Complete this section to request additional instructor(s) added to your program. "Click the ADD button to the right to add more than one instructor to the list". [Add](#)

+ Nursing Lic Num	+ Nursing Lic Num Verify	+ First Name	+ Last Name	+ Total Yrs Providing LTC Services	+ New Instructor	+ Date MOI Received	+ DON of LTC Facility	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove

Screen 3: Instructor Info & SUBMIT

 + **Nursing Lic Num**: This field is required.
 - **Nursing Lic Num**: This field is required.



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7. Sign, complete fields and click **SUBMIT**.

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Signature *



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Contact Information

Please fill in the information for the person completing the form.

Name	Title	Email Address	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="12/06/2024"/>



Submit

Successful Submission

Nurse Aide Resources

[Nurse Aide Resources](#)

[Resources for Nurse Aide Students](#)

[Instructors](#)

[MOI Instructor Registry](#)

[Secondary Partners](#)

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