



Onsite Date: _____
Program Code: _____
Program Name: _____
Surveyor: _____
Surveyor Number: _____

NATCEP Survey Worksheet

Program Coordinator: _____

Name: _____

Phone: _____ **Email:** _____

Curriculum Revision form on file: YES _____ **NO** _____

Declared Curriculum: _____

Method of Delivery

Face to Face	Hybrid	Online	Curriculum Instruction Hours	Supervised Practical Training Hours

Instructor Qualifications

Instructor Name	Resume	Train the Trainer if applicable	NSG License	Date of last class

Other Personnel/Instructor Qualifications

Instructor Name	Resume/Qualifications	NSG License if applicable	Date of last class

Satellite Training Sites

Site Name	Location

Supervised Practical Training Sites

Site Name	Location	Written Agreement	NATCEP Loss/Waiver

Site Name	Location	Written Agreement	NATCEP Loss/Waiver

(Recommended) Policies

	Yes/No	Notes
Passing Grade		
TB Screening		
Criminal Background		
Student Evaluations		
Complaint Process		
Cell Phone Use		
Certificates of Completion		
Attendance		

Student Record Review

Class Date: _____

Primary/Satellite Site: _____

	Enter Student 1 Name Here:	Enter Student 2 Name Here:	Enter Student 3 Name Here:	Enter Student 4 Name Here:	Enter Student 5 Name Here:
Supervising RN/LPN name at Supervised Practical Training site:					
Class schedule with dates listed/units presented					
Supervised practical training method including schedule: dates, times, total hours					
Demonstration of skills knowledge					
Total clock hours of classroom/curriculum instruction					
Dated scores of written tests					
Evidence of background study prior to supervised practical training					
Evidence of TB testing prior to supervised practical training in a facility					
Written notice given of reimbursement for training and competency evaluation					
Class evaluations given (recommended)					

Program Review

	Yes/No	Notes
Security maintained of tests/answers		
Internal review of necessary revisions/Quality Improvement of program		
Compliance with declared curriculum		
Familiar with NATCEP Resource dated July 2020, effective 8/10/20		
Compliant with state and federal standards		
Use of test review data/NAR website		

Lab Area Observation

	Yes/No	Notes
Number of hospital beds		
Beds equipped with side rails and call lights		
Privacy curtains		
Functioning sink with hand controls		
Mannequins		
Adequate equipment		
Required PPE		
Traditional scale		

Additional Notes