

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
for
PATIENT CARE
TECHNICIANS**

CHAPTER 97 PATIENT CARE TECHNICIAN

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9700 GENERAL PROVISIONS

- 9700.1 This chapter applies to applicants for, and holders of, a certification to practice as a patient care technician (PCT).
- 9700.2 This chapter shall apply to persons who, regardless of job title, are employed in an acute care service agency or facility for the purpose of providing PCT activities as specified in this chapter.
- 9700.3 Chapters 40 (Health Occupations: General Rules) and 41 (Health Occupations Administrative Procedures) of this title apply to holders of a certification to practice as a PCT.

9701 PATIENT CARE TECHNICIAN CERTIFICATION

9701.1 No person shall practice as a PCT in the District of Columbia without first being certified by the Board of Nursing (Board).

9702 TERM OF CERTIFICATION

9702.1 Subject to § 9701.1, a certification issued pursuant to this chapter shall expire at 11:59 p.m. on October 31 of each odd-numbered year.

9702.2 The Director of the Department of Health may modify the renewal system pursuant to § 4006.3 of Chapter 40 of this title and may modify the date on which a certification expires.

9703 CRIMINAL BACKGROUND CHECK

9703.1 A person applying for certification as a PCT shall undergo a criminal background check (CBC) prior to issuance of the certification.

9703.2 After issuance of an initial certification, the applicant shall undergo an additional CBC as determined by Title 17 DCMR Chapter 85.

9703.3 The Board of Nursing shall review the results of a person's positive CBC results.

9704 GENERAL REQUIREMENTS FOR PATIENT CARE TECHNICIAN CERTIFICATION

9704.1 An applicant for certification as a PCT shall:

- (a) Be at least eighteen (18) years of age;
- (b) Meet the requirements of § 9703;
- (c) Submit evidence of successfully passing a PCT examination offered by a PCT certification organization recognized by the National Commission for Certifying Agencies; or
- (d) Provide proof of successful completion of a practical nursing (LPN) or registered nursing (RN) "Fundamentals of Nursing" course and acute care clinical which include skills specified in § 9715.1; or
- (e) Submit a Commission on Graduates of Foreign Nursing Schools certificate, indicating equivalent education as a registered nurse or licensed practical nurse for nurses educated outside the United States; or

- (f) Submit proof of practice for at least one thousand (1,000) hours within the last thirty-six (36) months as a:
 - (1) Navy or Air Force basic medical technician corpsman;
 - (2) Air Force independent duty medical technician;
 - (3) Army health care specialist;
 - (4) Emergency medical technician; or
 - (5) Paramedic;
- (g) Submit a completed application to the Board;
- (h) Submit any other documents that may be required by the Board; and
- (i) Pay all required fees.

9704.2 An application that remains incomplete for ninety (90) days or more from the date of submission shall be considered abandoned and closed by the Board. The applicant shall thereafter be required to reapply, comply with the current requirements for certification, and pay the required fees.

9705 REQUIREMENTS FOR PATIENT CARE TECHNICIAN CERTIFICATION BY EXAMINATION

9705.1 To qualify for PCT certification by examination, an applicant shall:

- (a) Receive a passing score on the National Patient Care Technician Examination; and
- (b) Meet requirements of this chapter.

9705.2 To apply for authorization to take a PCT examination, an applicant shall provide proof of one of the following:

- (a) Successful completion of a PCT program within the past twenty four (24) months, approved by the Board or by a nursing Board in the United States with standards determined by the Board to be equivalent to the standards in the District of Columbia;
- (b) Successful completion of a practical nursing or registered nursing “Fundamentals of Nursing” course and acute care clinical which include skills specified in § 9715.1; or

- (c) Completion of a credentials evaluation by an organization recognized by the Board, indicating equivalent education as an RN or LPN for nurses education outside of the United States.

9705.3 To request special accommodations for an examination, an applicant shall submit in writing, the following information:

- (a) A letter from the appropriate health professional which confirms the applicant's disability and provides information describing the accommodations required; and
- (b) A letter from the applicant's education program, indicating what accommodations were granted by the program.

9705.4 If an applicant has not taken or passed the patient care technician certification examination for more than twenty-four (24) months after the date the applicant becomes eligible to apply to take the examination, the applicant shall comply with requirements set forth in § 9705.1(a).

9705.5 The Board shall waive the examination requirements for any person currently practicing as a PCT provided that the applicant:

- (a) Demonstrates, to the satisfaction of the Board, that he or she has been performing the functions of a PCT on a full-time or substantially full-time (a minimum of five hundred (500) hours per year) basis for the past twenty-four (24) months;
- (b) Submits documentation from a supervising nurse, indicating the applicant's continued competence to provide care;
- (c) Submits documentation from an employer certifying the applicant's ability to perform skills as listed in § 9715; and
- (d) Submits an application by a date specified by the Board.

9706 PATIENT CARE TECHNICIAN CERTIFICATION BY ENDORSEMENT

9706.1 An applicant currently working in another jurisdiction as a PCT shall apply for PCT by endorsement in order to work in DC as a PCT.

9706.2 An applicant for endorsement as a PCT shall provide proof of the following:

- (a) Current unencumbered registration or certification as a PCT;
- (b) Verification from a supervising registered nurse or licensed practical nurse certifying the applicant's ability to perform skills listed in § 9715; and

- (c) Completion of the requirements as listed in § 9704, Application for Certification.

9707 PATIENT CARE TECHNICIAN CERTIFICATION RENEWAL

9707.1 To qualify for the renewal of a certification, an applicant shall:

- (a) Have performed eight (8) hours of patient care technician tasks enumerated in § 9715.1 for compensation during the prior twenty-four (24) months;
- (b) Have completed, during the two (2) years before the expiration of the certification, twenty-four (24) hours of in-service training or continuing education relevant to the functions of patient care technicians and meeting the following requirements:
 - (1) Two (2) hours shall be in cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, and queer, in accordance with D.C. Official Code § 3-1205.10(b)(5); and
 - (2) Ten percent (10%) of the total shall be in subjects determined by the Director as public health priorities of the District, which shall be duly published every five (5) years or as deemed necessary; and
- (c) Have completed a criminal background check as required by § 9703.

9707.2 PCTs who have another active District of Columbia certification as nursing assistive personnel (NAP) may apply continuing education hours to NAP renewal requirements.

9707.3 The Board may conduct a random audit of renewal applicants or certified Patient Care Technicians to determine compliance with § 9707.1.

9707.4 The Board shall have the authority, in accordance with § 4018.1, to modify the number of hours of in-service training or continuing education required pursuant to § 9707.1(b) for any renewal applicant if there is good cause which necessitates a modification.

9707.5 The Board shall have the authority, in accordance with § 4018.2, to modify the number of hours of in-service training or continuing education required pursuant to § 9707.1(b) for all renewal applicants if an extraordinary circumstance, such as a public health emergency, necessitates a modification.

9708 PATIENT CARE TECHNICIAN INACTIVE STATUS AND REACTIVATION OF CERTIFICATION

9708.1 A PCT with an active certification may request to be placed on inactive status.

9708.2 While on inactive status, the PCT shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice as a PCT in the District of Columbia.

9708.3 To reactivate an inactive status of § 9704, Renewal of Certification.

9709 PATIENT CARE TECHNICIAN REINSTATEMENT OF EXPIRED CERTIFICATION

9709.1 If a PCT fails to renew his or her PCT certification, the Board shall reinstate the certification if the applicant:

- (a) Applies to the Board for reinstatement of the certification within five (5) years after the certification expires;
- (b) Provides evidence of having completed twenty-four (24) hours of in-service training or continuing education within the past two (2) years prior to submission of an application;
- (c) Provides evidence of current PCT certification or registration;
- (d) Provides evidence of having worked for a minimum of eight (8) hours within the last twenty-four (24) months as a PCT; and
- (e) Completes a criminal background check as required in accordance with Title 17 DCMR Chapter 85.

9709.2 If a PCT fails to apply for reinstatement within five (5) years after his or her certification expires, the applicant shall meet the requirements for certification pursuant to § 9704.

9710 [RESERVED]

9711 [RESERVED]

9712 [RESERVED]

9713 ASSIGNMENT AND DELEGATION OF NURSING CARE TASKS TO PATIENT CARE TECHNICIAN

9713.1 An RN, LPN or licensed health care professional may assign or delegate tasks to PCTs that are among the authorized tasks listed in § 9715.

- 9713.2 PCTs shall not practice independently but shall work under the supervision of an RN, LPN or other licensed health care professional.
- 9713.3 The delegation or assignment of tasks shall comply with the standards for delegation listed in 17 DCMR § 5415 (Registered Nurse) and assignment listed in 17 DCMR § 5515 (Licensed Practical Nurse). Nursing care tasks that may be delegated or assigned shall be determined by:
- (a) The knowledge and skills of the PCT;
 - (b) Verification of the clinical competence of the PCT by the employing agency;
 - (c) The stability of the client's condition, including factors such as predictability, absence of risk of complication, and rate of change in health status; and
 - (d) The variables in each health care setting which include, but are not limited to:
 - (1) The accessible resources and established policies, procedures, practices, and channels of communication that lend support to the type of nursing tasks being delegated;
 - (2) The complexity and frequency of care needed by a given client population; and
 - (3) The accessibility of an RN or LPN.
- 9713.4 Nursing tasks that inherently involve on-going assessment, interpretation, or decision making that cannot be logically separated from one (1) or more procedures shall not be delegated to the PCT.
- 9713.5 Each PCT shall be trained to address the specific health care needs of his or her assigned population.
- 9714 [RESERVED]**
- 9715 PATIENT CARE TECHNICIAN TASKS**
- 9715.1 Under the supervision of an RN, LPN or licensed health professional, a PCT may perform the following tasks in addition to the tasks specified in § 9615:
- (a) Monitoring the administration of oxygen equipment by observing settings, tubing and equipment;

- (b) Inserting a peripheral intravenous catheter;
- (c) Discontinuing a peripheral IV catheter;
- (d) Elimination procedures, including enemas, fleets, and soap suds enemas;
- (e) Administering an electrocardiogram;
- (f) Fingertstick blood glucose testing;
- (g) Specimen collection;
- (h) Incentive spirometry;
- (i) Phlebotomy;
- (j) Pulse oximetry;
- (k) Inserting and discontinuing urinary catheters;
- (l) Applying elastic stockings; and
- (m) Applying and removing sequential compression devices.

9716 [RESERVED]

9717 DISCIPLINE

- 9717.1 The Board may revoke, suspend, or deny the registration of any PCT who is convicted of any crime involving moral turpitude pursuant to D.C. Official Code § 3-1205.14(a)(4) (2016 Repl. & 2018 Supp.).
- 9717.2 In addition to any other disciplinary action it may take, the Board may impose a civil penalty of not more than five thousand dollars (\$5,000) per violation as provided by D.C. Official Code § 3-1205.14(c)(5) (2016 Repl.), or file a letter of concern if the Board believes there is insufficient evidence to support direct action against a PCT.
- 9717.3 Grounds for denial, suspension, revocation or other discipline of a PCT include inability to function with reasonable skill and safety for the following reasons and for any additional acts as specified in D.C. Official Code § 3-1205.14 (2016 Repl.):
- (a) Substance abuse or other chemical dependency;
 - (b) Client or patient abandonment;

- (c) Fraud or deceit, which may include but is not limited to:
 - (1) Filing false credentials;
 - (2) Falsely representing facts on an application for initial certification, reinstatement or renewal; or
 - (3) Giving or receiving assistance in taking the competency evaluation.
- (d) Client or patient neglect, abuse or misappropriation of funds;
- (e) Boundary violations;
- (f) Unsafe client care;
- (g) Performing acts beyond the PCT range of functions or beyond those tasks delegated;
- (h) Misappropriation or misuse of property;
- (i) A criminal conviction;
- (j) Failing to conform to acceptable standards of practice as a PCT;
- (k) Putting clients or patients at risk of harm; or
- (l) Violating the privacy or failing to maintain the confidentiality of client information.

9717.4 PCTs who are unable to perform their duties due to drug or alcohol dependency or mental illness may utilize the services offered under the Nurse’s Rehabilitation Program pursuant to D.C. Official Code §§ 3-1251.01, *et seq.* (2016 Repl.).

9717.5 The Board may refer for criminal prosecution any violation of the Health Occupations Revision Act (“Act”), D.C. Official Code §§ 3-1201.01, *et seq.* (2016 Repl.) that it deems appropriate.

9718 [RESERVED]

9719 [RESERVED]

9720 STANDARDS FOR TRAINING PROGRAMS

9720.1 No institution shall provide PCT training in the District of Columbia unless its training program has been approved by the Board.

- 9720.2 The following types of institutions may apply for approval to provide PCT training:
- (a) Private, degree-granting educational institutions operating or incorporated in the District of Columbia which are licensed by the Higher Education Licensure Commission (HELC) pursuant to the Educational Institution Licensure Act of 1976, effective April 6, 1977 (D.C. Law 1-104; D.C. Official Code §§ 38-1301, *et seq.* (2016 Repl.));
 - (b) Private, non-degree, post-secondary schools operating in the District of Columbia which are licensed by the HELC;
 - (c) District of Columbia public universities or colleges;
 - (d) Hospitals; and
 - (e) Nursing facilities licensed and operating in the District of Columbia that have received no adverse actions during the preceding two (2) years.

- 9720.3 The Board shall consider any one of the following as an adverse action which preclude a facility from providing training:
- (a) Termination, restriction, or revocation of a facility's participation in the Medicaid or Medicare program;
 - (b) Provisional or restricted licensure of the facility, provided it is not a new facility; or
 - (c) A facility is given a provider agreement of less than one (1) year.

9721 SUPERVISED PRACTICE OF TRAINEES

- 9721.1 A PCT trainee may practice only in accordance with the Act and this chapter.
- 9721.2 A trainee who is fulfilling educational requirements of this chapter may engage in supervised practice without a District of Columbia certification.
- 9721.3 All supervised practice of a trainee shall take place under the general or immediate supervision of an RN or LPN.
- 9721.4 A trainee shall identify himself or herself as a trainee before practicing.
- 9721.5 A trainee shall not receive compensation of any nature, directly or indirectly, from a client or client's family member.

9721.6 The nurse supervising the trainee shall be responsible for all practice by a trainee during the period of supervision and may be subject to disciplinary action for trainee violations of the Act or this chapter.

9721.7 The Board may deny an application for certification by, or take other disciplinary action against, a trainee who is found to have violated the Act or this chapter. The Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the trainee in accordance with the hearing provision of D.C. Official Code § 3-1205.14(a) (2016 Repl.).

9722 [RESERVED]

9723 PROGRAM APPROVAL PROCEDURES FOR HEALTH CARE FACILITIES

9723.1 Each facility applying for approval to provide PCT training shall submit an application for approval which contains the following information:

- (a) A statement of intent to establish a training program;
- (b) A certificate of exemption or approval by HELC, if coursework is offered to persons not employed by the facility;
- (c) A list of qualified instructors with resumes attached; and
- (d) A description of the trainee population and tentative curriculum implementation schedule.

9723.2 A training program shall not admit trainees to the program before the program has been approved by the Board.

9723.3 The Board shall withdraw approval of training if the facility loses its licensure status.

9724 TRAINING PROGRAM APPROVAL PROCEDURES

9724.1 Each institution applying for a certificate of approval to provide PCT training shall do the following:

- (a) Submit to the Board of Nursing (Board), at least one hundred eighty (180) days in advance of the scheduled starting date, a statement of intent to establish a PCT training program; and
- (b) Submit to the Board an application for a certificate of approval which contains the following information:

- (1) A statement of need for the training program in the District of Columbia;
 - (2) A description of the proposed program's potential effect on existing PCT training programs in the area;
 - (3) The organizational structure of the institution showing the relationship of the proposed training program within the organization;
 - (4) Evidence of financial resources adequate for planning, implementation, and continuation of the program;
 - (5) Licensure status of the proposed training facility;
 - (6) The qualification of the proposed instructors;
 - (7) The number of fulltime equivalent budgeted instructor positions;
 - (8) Evidence of the availability of adequate clinical facilities for the training program;
 - (9) A description of the anticipated trainee population including admission and graduation criteria, a copy of the entrance exam and health requirements.
 - (10) A tentative time schedule for planning and initiating the program;
 - (11) Fee schedules; and
- (c) Submit to the Board the one thousand dollar (\$1000) application fee.

9724.2 Schools currently non-compliant with the Board's regulatory requirements are not eligible to submit an application to establish an additional program.

9724.3 After reviewing the application, based on the applicant's compliance with § 9727, a decision shall be made to:

- (a) Approve the application;
- (b) Defer approval if additional information is needed; or
- (c) Deny approval of the application.

9724.4 If an application approval has been granted, a site visit may be conducted.

- 9724.5 After reviewing the site visit report and compliance with § 9732, the Board shall vote to approve, deny, or defer program approval for resource, facility, or service concerns.
- 9724.6 The nurse coordinator for each facility or institution approved to provide training shall attend a Board sponsored orientation.
- 9724.7 A training program shall not admit trainees to the program before the program has been approved by the Board.
- 9724.8 If the application is denied, the applicant may not resubmit an application until one (1) year has passed from the last submission.

9725 PERIODIC REVIEW OF APPROVED PROGRAMS

- 9725.1 Programs approved by the Board to train PCTs shall submit to the Board an annual report and the five hundred dollar (\$500) fee in accordance with procedures established by the Board.
- 9725.2 The Board shall annually re-evaluate the patient care technician training programs.
- 9725.3 The Board may make unannounced visits to review and assess each nursing patient care technician training program to ensure that the program is in compliance with the training requirements in §§ 9727, 9728, 9731 and 9732.
- 9725.4 The Board shall assess each training program on the basis of visits to the facility, the progress of the training program, and any other information deemed appropriate by the Board.
- 9725.5 Three (3) levels of non-compliance for training programs include:
- (a) Level 1 non-compliance:
 - (1) Up to five percent (5%) of student records reviewed during site visits are out of compliance with § 9731;
 - (2) Program is non-compliant with only one (1) of the sections §§ 9727, 9728, and 9732; or
 - (3) Annual certification pass rates are below seventy-five percent (75%) but no lower than seventy percent (70%).
 - (b) Level 2 non-compliance:

- (1) Between six percent (6%) and twenty percent (20%) of student records reviewed during site visits are out of compliance with §9731;
 - (2) Program is non-compliant with only one of the sections: §§ 9727, 9728, or 9732; or
 - (3) Annual certification pass rates are below seventy percent (70%) but no lower than sixty-five (65%).
- (c) Level 3 non-compliance:
- (1) Twenty-one percent (21%) or more of student records reviewed during site visits are out of compliance with § 9731;
 - (2) Program is non-compliant with more than one (1) of the sections: §§ 9727, 9728, or 9732; or
 - (3) Annual certification pass rates are below sixty-five (65%).

9725.6 The Board will issue the sanctions to programs for non-compliance violations listed below including, but not limited to:

- (a) Level 1 non-compliance:
- (1) Conditional Approval;
 - (2) Corrective action plan is due within thirty (30) days of receipt of the status letter; and
 - (3) Site visit to review and assess implementation of the corrective actions within six (6) months.
- (b) Level 2 non-compliance:
- (1) Conditional Approval;
 - (2) Restricted Admissions;
 - (3) Board will recommend actions to correct deficiencies;
 - (4) Corrective action plan is due within thirty (30) days of receipt of the status letter;
 - (5) Site visit to review and assess implementation of the corrective actions within six (6) months;

- (6) Pass rates reviewed in six (6) months; and
 - (7) Fine of up to two thousand dollars (\$2000) if not in full compliance by the next annual review.
- (c) Level 3 non-compliance:
- (1) Warning Status;
 - (2) Restricted Admissions;
 - (3) Hire consultant to assist in developing and implementing actions to correct deficiencies;
 - (4) Consultant's report is due to the Board within sixty (60) days;
 - (5) Site visit to review and assess implementation of corrective actions within six (6) months;
 - (6) Pass rates reviewed in six (6) months; and
 - (7) Fine of up to three thousand dollars (\$3000) if not in full compliance by the next annual review.

9725.7 The Board shall withdraw approval of a training program in non-compliance if:

- (a) It determines that the program has failed to implement the approved corrective action plan;
- (b) The program has failed to correct deficiencies within time period specified by the Board; or
- (c) The education institution loses its licensure.

9725.8 The Board shall investigate all credible and timely complaints made against a program and may conduct hearings in connection with such complaints.

9725.9 Any Board action for suspension or withdrawal of a training program's approval shall take place only upon notice to the program and the opportunity for a hearing in accordance with D.C. Official Code § 3-1205.14 (2016 Repl.).

9726 [RESERVED]

9727 PATIENT CARE TECHNICIAN TRAINING PROGRAM REQUIREMENTS

- 9727.1 Training programs shall use Board approved PCT model curriculum, that consists of classroom, skills laboratory, and supervised practice hours and may be amended from time to time.
- 9727.2 All PCT training programs shall have adequate faculty and clinical facilities to provide supervised clinical experience with early, realistic exposure to job requirements. The clinical experience shall include the full range of skills needed in the workplace.
- 9727.3 The program must maintain seventy-five percent (75%) pass rate on the District of Columbia's competency evaluation each year.
- 9727.4 Each training program shall have a sufficient number of qualified instructors to meet the purposes and objectives of the program.
- 9727.5 The training program shall be coordinated by an RN, who:
- (a) Has a current, unencumbered District of Columbia license pursuant to D.C. Official Code § 3-1205.14 (2016 Repl.); and
 - (b) Has at least two (2) years of full-time or full-time equivalent experience as a registered nurse with clinical experience in the clinical practice setting he or she is coordinating.
- 9727.6 The PCT program coordinator shall be a qualified registered nurse with institutional authority and administrative responsibility for the program.
- 9727.7 The program coordinator's responsibilities shall include, but are not limited to:
- (a) Ensuring that the curriculum is coordinated and implemented in accordance with the chapter;
 - (b) Establishing the responsibilities of the instructors;
 - (c) Ensuring that each instructor meets the qualifications as specified in this chapter;
 - (d) Ensuring that each student is properly supervised during the student's clinical experience; and
 - (e) Reporting annually and respond upon request to the Board.
- 9727.8 Each instructor shall have the following minimum qualifications:

- (a) Be currently licensed or registered in good standing, in the jurisdiction in which he or she is providing the preceptorship;
- (b) Have completed a course in teaching adults or have experience in teaching adults and supervising nursing assistants; and.
- (c) Have a minimum of two (2) years of experience, as an RN or LPN, providing direct patient care during the five (5) years immediately preceding the date of the written agreement.

9727.9 The ratio of instructors to trainees in clinical areas involving direct care shall be based upon client acuity level, skill level of the trainee, and the clinical setting.

9727.10 Each training program shall have a record or attestation that trainees received information in writing on the policies governing admission, retention, dismissal, and the course requirements of the training program.

9728 MINIMUM QUALIFICATIONS FOR PATIENT CARE TECHNICIAN TRAINEES

9728.1 Each trainee shall have received a high school diploma or its equivalent, including for example, but not limited to, the General Education Diploma or National External Diploma Program.

9728.2 Each person applying for PCT training shall provide evidence of certification as a nursing assistant after passing the National Nurse Aide Assessment Program exam or other CNA examination acceptable to the Board.

9728.3 Each trainee shall provide documentation from the trainee's supervising nurse or employer attesting to the trainee's satisfactory performance of nursing related services for a period of time not less than one (1) year.

9728.4 Each trainee shall provide evidence of vaccination or immunity to communicable diseases prior to admission.

9728.5 Each trainee shall attest in writing to receiving information on:

- (a) The policies governing admission, retention, dismissal, and the course requirements of the training program; and
- (b) Certification requirements including CBC and examination.

9729 [RESERVED]

9730 CLOSING OF EDUCATION AND TRAINING PROGRAMS

- 9730.1 Each PCT program that voluntarily discontinues shall:
- (a) Notify the Board, in writing, as early as possible of the intended discontinuance, stating the reason(s) and planned date of the intended closing;
 - (b) Continue the training program until the committed class scheduled for currently enrolled trainees is completed; and
 - (c) Notify the Board of the final closing date at least thirty (30) days before the final closing.
- 9730.2 Before the Board may withdraw approval of a program the Board shall:
- (a) Issue a notice of intended action to the program notifying the program that:
 - (1) The Board intends to withdraw approval of the program and the reasons for the action;
 - (2) The institution has a right to a hearing; and
 - (3) Send notice to the HELC of the Board's intention to withdraw program approval.
- 9730.3 If the Board denies or withdraws approval of a training program, the institution shall:
- (a) Close the program on the date provided by the Board; and
 - (b) Comply with the requirements of all applicable rules and notify the Board that the requirements have been fulfilled.

9731 RECORDS RETENTION

- 9731.1 Each PCT training program shall maintain an accurate and appropriate system of record keeping.
- 9731.2 Each training program shall ensure that administrative and personnel records are protected against loss, destruction, and unauthorized review.
- 9731.3 A facility shall maintain a record for each trainee which shall include the following information:
- (a) Completed and signed application;

- (b) Results of entrance assessment;
- (c) Trainee's Record of academic performance;
- (d) Evidence of vaccinations or immunity to communicable diseases;
- (e) Board issued clinical evaluation form completed and signed by clinical instructor;
- (f) Signed statement for receipt of school policies and certification requirements regarding examination and criminal background check; and
- (g) Additional documents per the school's policies.

9731.4 Each instructor's personnel records shall be maintained by the facility and shall include application data, qualifications, and a position description, and shall be available for review by the Board.

9731.5 All records shall be maintained by the training program for a minimum of seven (7) years.

9732 RESOURCES, FACILITIES, AND SERVICES

9732.1 Each PCT training program shall maintain resources, facilities, and services which are adequate to accommodate the training program. The resources, facilities, and services shall include, but are not limited to:

- (a) Adequate temperature controls in each training facility;
- (b) Clean and safe conditions of the facility's premises;
- (c) Adequate space for private faculty-student conferencing;
- (d) Adequate lighting in each facility; and
- (e) Sufficient and adequate equipment for the program's needs, including audio-visual equipment and equipment needed for simulating client care.

9732.2 Each classroom, conference room, skills laboratory, and office shall be adequate to meet the needs of the training program.

9732.3 Each cooperative agreement between a training program and agency healthcare facility shall be in writing. The training program shall maintain a copy of the agreement in its records.

9799 DEFINITIONS

9799.1 When used in this chapter, the following terms shall have the meanings ascribed:

Abuse - the infliction of physical or mental harm, injury, death, or financial exploitation of a client.

Applicant - a person applying for certification as a patient care technician.

Board - the Board of Nursing as established by § 204 of the Act.

Clinical - faculty planned and guided learning activities designed to assist in meeting course objectives and to apply nursing knowledge and skills in the direct care of clients, including clinical conferences and planned learning activities in acute care facilities, and other community resources.

Conditional approval - the approval status that is granted for a time period specified by the Board to an home health aide training program to correct deficiencies when the training program has failed to meet or maintain the requirements and standards of this chapter.

Continuing education - systematic learning experiences designed to augment the knowledge, skills, and attitudes of the patient care technician.

Criminal background check – an investigation into a person’s history by the appropriate state and federal authorities or approved vendor to determine whether the person has been convicted of a crime in the District of Columbia or in any other state or territory of the United States.

Delegation - the transference from the RN or LPN to another individual within the scope of his or her practice, of the authority to act on behalf of the RN or LPN in the performance of a nursing intervention, while the RN or LPN retains accountability and responsibility for the act.

Director - the Director of the Department of Health, or his or her designee.

District - the District of Columbia.

Emergency medical technician - a person who is trained to give emergency medical care at the scene of an accident or in an ambulance.

Endorsement - the process of issuing a certification to an applicant who is registered by a state Board and recognized by the Board as a qualified professional according to standards that were the substantial equivalent at the time of the certification to the standards for that profession set forth in this chapter and who has continually remained in good standing with the

Board from the date of certification until the date of certification in the District.

Fingerstick - a sticking of the finger to get a blood sample to use in a glucometer to measure the amount of glucose in blood.

Health care facility - an acute care facility or agency that provides long-term care services such as an assisted living residence, group home for persons with physical and intellectual disabilities, and skilled home care agency.

Higher Education Licensure Commission a Mayoral appointed regulatory, consumer protection authority responsible for public protection with regard to legitimate quality education in the District of Columbia.

Immediate supervision - supervision in which the supervisor is on the premises and within vocal communication with the person being supervised, either directly or by communication device.

Misappropriation - the application of another's property or money dishonestly to one's own use.

Neglect - any act or omission by a patient care technician which causes or is likely to cause or contribute to, or which has caused or is likely to have caused or contributed to the injury, death, or financial exploitation of a consumer.

Nursing assistive personnel - an individual who has received appropriate training or instruction to function in a complementary or assistant role to an RN or LPN, in providing direct patient care or in carrying out delegated nursing tasks.

Paramedic - A specially trained medical technician licensed to provide a wide range of emergency services before or during transportation to a hospital.

Pass rate - means the percentage of candidates who receive a passing score on the competency evaluation out of the total exams administered for the review period.

Patient care technician - nursing assistive personnel with specialized knowledge and training to provide patient care beyond the role of the certified nursing assistant in the acute care setting.

Program - the planned series of instruction, didactic and clinical, designed so that the student will acquire the requisite knowledge and skills.

Reinstatement - reissuance of an expired patient care technician certification.

Skills laboratory - faculty guided activities planned for students in a school/campus laboratory that simulates the activities provided by the CNA. The activities include demonstrations and return demonstrations using equipment and supplies that are used for the purpose of attaining required psychomotor skills.