



Missouri Health Care Association



# CNA INSTRUCTOR/STATE EXAMINER WORKSHOP

## TRAIN THE TRAINER SERIES

### Purpose & Objectives for CNA Instructor

This state-required and MO Dept. of Health & Senior Services-approved workshop is designed to prepare RNs to instruct nursing assistant students for long term care facilities in Missouri. Upon completion, participants will be able to:

- Identify MO Dept. of Health & Senior Services requirements and regulations for the Nursing Assistant training
- Develop skills in principles of adult education and counseling for adult learning techniques
- Utilize appropriate testing methods
- Determine appropriate curriculum
- List requirements of examination and certification process
- Increase stand up skills
- Share experiences and ideas with other RN instructors to increase effectiveness in training

### Criteria for a CNA Instructor

- Registered Professional Nurse currently licensed in the State of Missouri
- Two (2) years of nursing experience and at least one (1) year of experience in a long term care facility in the last five (5) years

### Instructions for Application

1. The applicant must first send a copy of their current resume, current license renewal card and their social security number to the MO Dept of Health & Senior Services email: [cnaregistry@health.mo.gov](mailto:cnaregistry@health.mo.gov), mail: PO Box 570, Jefferson City, MO 65102, or fax: 573-526-7656.
2. A letter will be provided by the Dept. of Health & Senior Services to the applicant indicating the status of the applicant’s qualifications.
3. Submit a copy of this approval letter from the Dept. of Health & Senior Services with the workshop registration to MHCA.

### Location

June 17, 2020

MHCA Office

236 Metro Drive

Jefferson City, MO 65109

### Agenda

Registration: 8:15 – 8:30 am

Seminar: 8:30 am – 4:00 pm

### Cost

\$150 per person

### Questions?

Karina Schnieders

Education & Events Assistant

[karina@mohealthcare.com](mailto:karina@mohealthcare.com)

### MHCA

236 Metro Drive

Jefferson City, MO 65109

Tel: 573-893-2060

Fax: 573-893-5248

[www.mohealthcare.com](http://www.mohealthcare.com)

## Purpose & Objectives for CNA State Examiner

For those CNA Instructors who wish to become State Examiners, this workshop will complete the Missouri requirements. Upon completion, the attendee will be able to:

- Identify MO Dept. of Health & Senior Services requirements and regulations for the Nursing Assistant training
- Utilize appropriate testing methods
- Sign an agreement with the State of Missouri to become a State Examiner (agreement signed at completion of workshop)

## Criteria for a State Examiner

- Registered Professional Nurse currently licensed in the State of Missouri
- Shall have taught a similar course or be qualified to teach a similar course
- Shall be approved by the MO Dept. of Health & Senior Services to administer training curriculum and shall have signed an agreement with the MO. Dept. of Health & Senior Services to protect and secure the final examinations (agreement signed at completion of workshop)

## Instructor

**Shellie Goodin, RN** – Shellie has practiced nursing since 1994. She graduated from the University of Missouri Columbia and has worked in the areas of long term care, rehabilitation, surgical, dialysis, and obstetrics. She is a full-time instructor for Nichols Career Center in Jefferson City, MO, teaching in both the LPN and Health Occupations program for the last 16 years. Currently, she is continuing her education in a MSN Program for Nursing Education. She lives in Jefferson City with her husband and children.

### CNA Instructor/State Examiner Workshop – June 17, 2020 – Jefferson City, MO

**Attendee Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### Payment Method

Check Enclosed     Visa     MasterCard     American Express     Bill Me

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Register online at [www.mohealthcare.com](http://www.mohealthcare.com)*