



Nursing Assistant Training and Competency Evaluation Program – Quarterly Payment Request

Please refer to SPD 0451A - *Instructions for Completing SPD 0451* for information about completing this form.

Claims must be made and documented in accordance with: OAR 411-70-470

Facility name:		Prepared by:			Phone no.:	
For quarter ending: March 31 <input type="checkbox"/> June 30 <input type="checkbox"/> September 30 <input type="checkbox"/> December 31 <input type="checkbox"/> No. of classes:						
Date prepared:				Federal Tax ID No.:		
Trainer compensation: Attach a copy of class schedules, trainer's payroll records, class registration sent to OSBN.						
Class dates: Begin/End	Class hours On-site	Lab hours	Clinical hours On-site	Prep hours On-site	Total hours	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
Total hours:		RN hourly rate:		EBT:		Total:
						\$
Online training: Include copies of invoices or receipts and a copy of the canceled check and certificate of completion.						
Must be paid in the quarter in which on-line class completed.						
Text books/course materials: Include copies of invoices or receipts and canceled check. Must be paid in claimed quarter.						
Equipment: Must be directly related to CNA training. Include copies of invoices or receipts and a copy of the canceled check.						
Any item over \$500 must have prior approval. Must be paid in claimed quarter.						
Certification fees: Fees paid for the certification and recertification of CNAs. Include copies of forms sent to OSBN and canceled checks. Must be paid in claimed quarter.						
Reimbursement to CNA's: Repayment to CNAs for their training or certification. Include appropriate documentation and copies of canceled checks. Must be paid in claimed quarter.						
Contract trainers: Include copy of contract, class schedule, documentation supporting facilities average RN hourly rate and copies of canceled checks.						
No. of classes _____		Trainer's hourly rate of pay \$ _____		NF's average RN hourly rate plus benefits \$ _____		\$
Other expenses: Include all supporting documentation and copies of canceled checks. Must be paid in the claimed quarter.						
Total expenses for quarter						\$
Less revenue received						\$
Expenses less revenue						\$
Total Medicaid days _____ (divided by) Total patient days _____ = Medicaid percentage						
Total reimbursable expenses						\$

For DHS Use Only: Authorized By: _____ Date Approved: _____ Approved Amount: \$_____

List all individuals who attended the nurse aide training this quarter.

List of Attendees	Completed Course		Certified		Employed by Facility	
	yes	no	yes	no	yes	no
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of Attendees _____	# Completed Course _____		# Certified _____		# Employed _____	