



Health Assessment Competency Development Program

Course Information
for 2019 - 2020

[http://dph.georgia.gov/health-
assessment](http://dph.georgia.gov/health-assessment)



Health Assessment Competency Development Program for 2019-2020

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“QUICK START” REFERENCE SHEET

**Do you have a nurse who needs the health assessment course?
Don't know or remember the steps to get it done?
In a hurry? Feeling rushed for time?
Here you go...**

	STEPS	TIPS
1.	Check the Approved Schools listing for 2019 - 2020 (pp. 20-25).	<ul style="list-style-type: none"> ▪ Establish/maintain relationships with nursing schools/faculty whenever possible.
2.	Select a school; check school schedule for the upcoming term or session.	<ul style="list-style-type: none"> ▪ Use school's website or call the school's Nursing Department. ▪ Check the class location (is it on campus or at a satellite location?). ▪ Check the course format; is it face-to-face, online or a hybrid course?
3.a.	If the preferred school is offering the course, direct the nurse to apply to the school.	<ul style="list-style-type: none"> ▪ Be sure nurse applies in "Non-Degreed" or "Transient" status unless she/he is in the school's Nursing Program. ▪ Follow District policy regarding payment of application fee. ▪ If nurse is eligible for Hope/Pell funds, complete paperwork to secure them. ▪ Obtaining/sending transcripts can take a long time; start early!
3.b.	If the preferred school is not offering the course, check other approved schools that may be accessible to the nurse.	<ul style="list-style-type: none"> ▪ If none are available, see if any other school (not on approved schools list) is offering the course; if so, contact Office of Nursing (OON) for approval.
4.	Send notification form to Office of Nursing (OON) (p. 16).	<ul style="list-style-type: none"> ▪ If nurse is not accepted to the school, notify OON to remove nurse from roster. ▪ If funds may not be available for tuition and fees, districts will be notified of this as soon as it is known.
5.	Upon nurse's acceptance to the school, send Letter of Intent to Pay (see templates, pp. 31-32) to the school's financial contact (pp. 26-28); give copy of letter to nurse taking course to take to registration.	<ul style="list-style-type: none"> ▪ Follow District policy regarding ordering books/supplies. ▪ Have nurse obtain and start reading the text... yes, ahead of time.
6.	Pay the school's invoice upon receipt.	<ul style="list-style-type: none"> ▪ Save a copy of the invoice to send to the OON.
7.	When the course is completed, get from the nurse an official transcript; it will show credit hours and grade.	<ul style="list-style-type: none"> ▪ Save a copy to send to the OON.
8.	Have the nurse complete a course evaluation (p. 18).	<ul style="list-style-type: none"> ▪ Save a copy to send to the OON.
9.	Nurse should complete preceptorship in about 3 months; complete Competency Demonstration Form (p. 17).	<ul style="list-style-type: none"> ▪ Save a copy of the Competency Demonstration Form to send to the OON.
10.	Send a letter requesting reimbursement, copy of invoice, copy of payment, transcript, Health Assessment Preceptorship competency demonstration form (p.17), and course evaluation to OON.	<ul style="list-style-type: none"> ▪ Provide OON with instructions regarding reimbursement (pay District or county and amount of reimbursement request). ▪ Place these documents in nurse's training or personnel file.
11.	If the nurse received a "C" or higher and satisfactorily completed the preceptorship, give a certificate of completion (p. 32).	<ul style="list-style-type: none"> ▪ Place copy of certificate in nurse's training or personnel file.

HEALTH ASSESSMENT CLINICAL COMPETENCY DEVELOPMENT PROGRAM OVERVIEW

PURPOSE

The Health Assessment Competency Development Program is designed to prepare public health nurses to perform health assessments on individuals served by public health. Health assessment competencies form the foundation required for public health nurses to practice and utilize nurse protocols in public health.

The health assessment course content focuses on techniques of health assessment and communication skills. Although developmental and nutritional assessments, anthropometric measurements (use of growth charts), assessment of immunization status and screenings for hearing, vision, speech and oral cavity/dental problems may be mentioned in the course, it is expected that these will be formally taught at the district level. Additional training and clinical practice in health assessment of children at various ages as well as pelvic examination may be required after course completion.

A preceptorship is to be completed within three months following the didactic part of the course. The public health nurse gains clinical experience during the preceptorship by performing specific assessments on patients of different ages. The preceptorship phase is completed when the nurse demonstrates competency in all required areas of health assessment.

The Department of Community Health requires public health nurses to have written documentation of completion of a Health Assessment course through a baccalaureate nursing education program, documentation of completion of training to administer a standardized developmental/ behavioral assessment, and completion of a preceptorship before Health Check services are billed (Part II, Policies and Procedures for Health Check Services [EPSDT], revised **October 2019**).

Clinical/lab experience in doing pelvic exams is seldom included in baccalaureate-level health assessment courses so the Women's Health Exam and Issues Affecting Women through the Ages course (formerly Breast and Pelvic Training Course) and subsequent preceptorship is required to develop competency in Women's Health.

PREPARATION FOR THE COURSE

It is important that nurses be informed during the interview process of expectations and requirements related to the health assessment course. A copy of the Health Assessment Competency Repayment Policy and Continued Service Agreement form should be provided to nurses for perusal and signature. This will give nurses the opportunity to ask questions and prepare for the course.

Adequate orientation to the work environment (approximately 2-4 months) should also occur prior to sending a nurse to the health assessment course. Supervisors should use this orientation period to assess if public health will be a good "fit" for the nurse. During the orientation period, it is recommended that new nurses remain productively occupied with

duties that they can perform. This will maintain new nurses' interest in public health nursing and facilitate retention of nurses who later complete the course.

Work time that will be allowed for study during the course should be clarified prior to the start of the course. Most districts feel that study time should be mutually shared by the employer and the nurse/student.

HEALTH ASSESSMENT COMPETENCIES

Health assessment competencies that are to be developed during the course and preceptorship are:

1. Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations.
2. Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations.
3. Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental, developmental and environmental information.
4. Ability to differentiate normal/abnormal findings.
5. Ability to interpret and apply findings to develop an appropriate plan of care to improve health.

PROGRAM REQUIREMENTS

Meeting the following four requirements signifies satisfactory completion of the Health Assessment Competency Development Program:

1. Payment of tuition/fees to approved school for health assessment course.
Evidence: copy of school's invoice listing student's name, tuition and fees.
2. Earn academic credit with a letter grade of 'C' or higher in a health assessment course from an approved school of nursing.
Evidence: copy of the official transcript with school seal or official grade report.
3. Documentation, through assigned preceptor(s), of demonstrated competency in required age groups (birth-3 years, 3-12 years, 12-21 years, and adult) and areas of practice (e.g., male genitourinary, male and female breast exam, pelvic).
Evidence: Competency Demonstration Form(s) signed by nurse and preceptor(s).
4. Course evaluation.
Evidence: receipt of course evaluation in Office of Nursing.

NOTE: To practice under nurse protocol in Women's Health, satisfactory completion of all Women's Health training courses (Women's Health Exam and Issues Affecting Women through the Ages, Breast Exam, Contraceptive Technology 1 and 2) is required. Contraceptive Technology 1 and 2 can be accessed at any time on the Learning Management System (LMS), known as EXCEED. Additionally, for someone with recent Women's Health experience, competency demonstration through a preceptor, with appropriate documentation, is acceptable.

CRITERIA FOR HEALTH ASSESSMENT COURSE

A nurse must take the course if any of the following apply:

- She/he does not have written documentation of having taken/passed a course in health assessment at or above the baccalaureate level (official transcript with school seal).
- She/he has no or limited clinical experience in health assessment.
- She/he has been out of clinical practice for an extended time and has not demonstrated competency in required areas of practice.
- Her/his district nursing director deems it to be appropriate for the role in which the nurse is expected to function.

A nurse may exempt the course if:

- She/he transfers from another public health clinical practice setting and has satisfactorily completed the course requirements.
- She/he has provided written documentation (official transcript with school seal) of having taken/ passed the course with baccalaureate or higher credit.
- She/he has requested credit by exam in health assessment through a school of nursing approved by the Office of Nursing and has passed the exam.

NOTE: If a nurse exempts the course, documentation of the exemption and demonstration of competency should be maintained in her/his training or personnel file.

COURSE INFORMATION

PROCEDURE FOR ENROLLING IN THE HEALTH ASSESSMENT COURSE

When it has been determined that a nurse is to take the Health Assessment course, a school should be selected from the current list of approved schools. The Office of Nursing sends this list at least annually to the district point of contact (POC) for health assessment (see listing on p. 15).

1. The nurse submits an application, including necessary transcripts, to the selected school well in advance of the application deadline set by the school. It is advisable for the nurse and/or district POC for health assessment to contact the school directly to confirm the application deadline, the appropriate application category (non-degreed, transient or degreed) and course specifics (see Approved Schools List on p. 20 for school contact information).
2. The district POC identifies qualified preceptor(s) for the nurse and submits the Health Assessment Competency Development Notification Form, signed by the District Nursing and Clinical Director (DND) or designee, to the Deputy Chief Nurse, Office of Nursing.
3. The Deputy Chief Nurse or designee will acknowledge receipt of the Health Assessment Competency Development Notification Form by email to the district POC.
4. The Deputy Chief Nurse, if funds are available, places the nurse on that semester's roster and notifies the POC. If funds are not available, the POC is notified. If the nurse is not accepted to the school, the POC notifies the Office of Nursing.
5. The POC or designee submits a letter of intent to pay to the selected school of nursing.
6. Any questions should be directed to the district POC. The district POC may contact the Deputy Chief Nurse, Office of Nursing, for additional assistance.

COURSE FORMAT/METHOD, LOCATION AND LENGTH

Georgia schools of nursing are offering health assessment courses in a variety of formats and locations:

- Face-to-face (in a classroom setting on campus or at a satellite location).
- Online or hybrid (primarily online but with required on-campus sessions during which skill development is assessed).

NOTE: Face-to-face courses may be "web enhanced," i.e., syllabus and some materials/assignments are placed online. Hybrid courses are commonly defined as 51-95% online and online courses as >95% online.

The length of the health assessment course varies, with course length ranging from 1 – 16 weeks. Most courses are a full semester (approximately 15 weeks) in length. Some schools schedule courses on evenings and weekend days.

Consultation with the nurse needing the health assessment course can help determine the course format and length that is most suitable. Consult with the school if the nurse questions whether she/he has adequate technology skills to succeed in an online or hybrid course. Each school offers an orientation to use of the computer for course work and technical assistance is readily available.

Viewing online videos is common in online and hybrid courses. This may require that the district or county Information Technology (IT) staff adjust settings on a computer; letting IT staff know ahead of time that this may be needed is advisable.

ACADEMIC CREDIT

Baccalaureate and graduate-level nursing programs in Georgia offer academic credit, ranging from 2-6 hours, for the health assessment course. Courses which do not offer academic credit are ineligible for tuition reimbursement.

PAYMENT

Payment for the health assessment course is paid by the district, county or state office program and reimbursed, when funds are available and the Office of Nursing approves the nurse to take the course, by the Department of Public Health. The requirements listed on page 5 must be met before reimbursement can occur. **Requests for reimbursement must be submitted no later than 24 months after a nurse begins the course.**

**HEALTH ASSESSMENT REPAYMENT GUIDELINES
HEALTH ASSESSMENT COMPETENCY DEVELOPMENT PROGRAM
REIMBURSEMENT GUIDELINES**

INTRODUCTION

The Health Assessment Competency Development Program is designed to prepare public health nurses to conduct comprehensive health assessments for public health patients. Georgia public health nurses are required to demonstrate mastery of five health assessment competencies in order to improve the health and safety of all Georgians.

PURPOSE

The purpose of the following reimbursement guidelines is to provide a systematic process to ensure that funds allocated by the Department of Public Health for health assessment training are used appropriately and in accordance with current policies and procedures.

GUIDELINES

Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the District Point of Contact should forward the following documents to the Office of Nursing, Deputy Chief Nurse:

- Copy of School of Nursing's invoice for tuition and fees
- Copy of check, purchase order, credit card statement for tuition or fees paid by County or District
- Copy of official grade report or copy of official transcript
- Completed Health Assessment Preceptorship Competency Demonstration Form signed by nurse and preceptor(s). (p. 17)
- Completed health assessment course evaluation (p. 18)
- Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

Upon receipt of all documents listed above, the Office of Nursing will review all documents for completeness and accuracy. If no corrections need to be made, the Office of Nursing will then submit a request for reimbursement to the Division of Finance. Reimbursement will be forwarded directly to the District or County within 60 days. Please notify the Office of Nursing, Deputy Chief Nurse when reimbursement funds are received from the Division of Finance.

RESPONSIBILITIES

RESPONSIBILITIES OF NURSE/STUDENT

1. Prior to taking the course the public health nurse is to:
 - Apply to the college/university within the timeframe established by the academic institution and be accepted to take the health assessment course.
 - Clarify work schedule with supervisor to address the work time that will be allotted to the course and how it will be scheduled throughout the course.
 - Review the Policies and Procedures for Health Check Services Manual.
 - Register for the course (taking a copy of the intent to pay letter that was sent to the school) and obtain the required textbook(s), including a notebook.
 - Plan the preceptorship with pre-assigned clinical preceptor(s). If taking an online/hybrid course work with the preceptor may need to begin soon after the start of the course to assess and validate newly learned skills. Be prepared!
 - Review the Health Assessment Reimbursement and Repayment policies, then sign the Health Assessment Continued Service Agreement form.

2. During the didactic portion of the course, the public health nurse is to:
 - Attend all classroom, laboratory and practice sessions assigned by the college. If the course is online, participate as directed by nursing faculty.
 - Complete all course objectives and assignments.
 - Work with assigned preceptor, if needed, to begin validation of newly learned skills. Competency should be documented on the competency demonstration form after work with the preceptor begins.
 - Complete all examinations with a passing grade of “C” or better.
 - Participate in all classroom/online activities. Holidays not observed by the college or university will be postponed.

3. After the course, the public health nurse is to complete the health assessment preceptorship. Within three months, the public health nurse is to demonstrate competency in the following age groups and types of assessments:
 - Complete physical assessment including standardized developmental assessment of both male and female children with a minimum of two (2) documented appraisals of children whose ages are from birth to three (3) years of age; a minimum of two (2) documented appraisals of male and female children whose ages are three (3) to twelve (12) years; a minimum of four (4) documented appraisals of male and female children whose ages are twelve (12) to twenty-one (21).
 - A minimum of Five (5) female breast exams.
 - A minimum of Five (5) male genitourinary examination on males fourteen (14) years or older. **NOTE:** These are to be G/U exams but do not have to be STD exams adult (if assigned)

Types of Assessments (if not demonstrated in assessments above):

- Male breast

- Pelvic (if assigned)

When competency has been demonstrated, the nurse and preceptor(s) are to sign the Competency Demonstration Form. **NOTE:** It may take longer than 3 months for competency to be demonstrated in all required areas.

4. Upon completion of all requirements for the health assessment competency development program, the Nurse/Student must submit the following documents to the District Point of Contact (within three months of the course ending date if possible **but no more than 24 months after the nurse enrolls in the course**):
 - Copy of School's invoice for tuition and fees
 - Copy of invoice for tuition or fees paid by County or District
 - Copy of official grade report or copy of official transcript with credit hours noted
 - Completed Competency Demonstration Form signed by nurse and preceptor(s)
 - Completed health assessment course evaluation

A certificate acknowledging completion of requirements may be obtained from the District POC or designee upon submission of the four items listed above. A certificate acknowledging completion of all the requirements for the health assessment competency development program should be provided to the nurse by the District Point of Contract or designee. (see certificate of completion on p. **32**)

5. After completion of the preceptorship, it is recommended that a feedback session be held between the nurse and preceptor to discuss areas of strength and areas for improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF PRECEPTOR

The preceptor is an integral component of the Health Assessment course. She/he guides the public health nurse in incorporating the learned techniques of health assessment into clinical practice and in development of the health assessment competencies. Each assigned preceptor must have completed a health assessment course, be a skilled practitioner (e.g., Women's Health Nurse Practitioner, Pediatric Nurse Practitioner, BSN prepared RN who has successfully completed a baccalaureate level health assessment course), and be familiar with the competencies and content of the health assessment course and is enthusiastic about the nursing profession and has a desire to teach. It is preferred that APRNs serve as preceptors for the Child Health and Women's Health Preceptorships, but if this is not possible then a BSN prepared RN who has successfully completed a baccalaureate level health assessment course and has a pediatric or women's health's nursing background/experience should serve as the respective Preceptor. During the didactic sessions and for the three-month (or longer) preceptorship period, the preceptor:

- Is available to their assigned public health nurse by phone or in person (from the beginning of the course).
- Observes the public health nurse's performance on each of the required physical assessments, using the Health Assessment Guide for Preceptors as indicated (see p. **36**).
- Reviews each completed and written assessment for content and accuracy.

- Completes a Health Assessment Evaluation Tool for each assessment observed (see form on p. 33).
- Discusses each of the assessment tools with the public health nurse. The public health nurse and her/his preceptor sign each completed assessment form.
- Provides feedback on nurse's assessment skills and assesses competency.
- Signs the competency demonstration form when all assessments are complete and competency has been demonstrated.
- Solicits feedback from the nurse regarding her level of confidence in each of the required areas of competency demonstration.
- Participates in feedback session with nurse to discuss areas of strength and improvement for the nurse, preceptor and health assessment competency development program.

RESPONSIBILITIES OF SUPERVISOR/MANAGER

The supervisor of the nurse, regardless of title, plays an important role in assuring that the nurse has a successful academic experience in the health assessment course.

- Discusses nurses' need for health assessment course with district POC as indicated.
- Provides support for nurse during health assessment course as needed.
- Assures that nurse's schedule includes time each week during the course for study.
- Facilitates preceptorship and skill development of nurse.
- Monitors progress of nurse and communicates with district POC to assure competency development during the course and preceptorship
- Signs the Health Assessment Continued Service Agreement form.

RESPONSIBILITIES OF DISTRICT/DISTRICT POINT OF CONTACT (POC)

- Identifies public health nurse who needs to attend a health assessment course.
- Directs nurse to apply to currently approved academic institution within timeframe required by school.
- Submits Health Assessment Competency Development Notification Form to Deputy Chief Nurse, Office of Nursing.
- Provides nurse, supervisor, and preceptor with copy of Health Assessment Competency Development Program Course Information.
- Assures that, prior to course registration date, letter of intent to pay is sent to the school at which the nurse is admitted to take health assessment.
- Provides nurse with copy of intent to pay letter and directs her/him to take the letter to school registration.
- Identifies preceptor(s) for each public health nurse in advance of the course.
- Assures that nurse's schedule includes time each week during the course for study.
- Provides for preceptorship time during the three-month period following course completion for each public health nurse.
- Clarifies the roles and expectations of the preceptor and the public health nurse and communicates this to public health nurse's supervisor, preceptor(s) and nurse.
- A certificate of completion may be issued to the public health nurse upon completion of all requirements for the health assessment competency development program.

- Upon successful completion of the health assessment course, clinical preceptorship, and competency demonstration, the following documents should be forwarded to the Office of Nursing, Deputy Chief Nurse:
 - Copy of School's invoice for tuition and fees
 - Copy of invoice for tuition or fees paid by County or District
 - Copy of official grade report or copy of official transcript (an official transcript with school seal must be kept in nurse's local file; a copy of this may be sent to the Office of Nursing)
 - Completed Competency Demonstration Form signed by nurse and preceptor (Assessment Evaluation Tools for each assessment are to be kept in public health nurse's personnel or training file; please only submit Competency Demonstration Form to Office of Nursing)
 - Completed health assessment course evaluation (this will be used to assess and improve the course)
 - Letter addressed to the Office of Nursing requesting reimbursement for tuition or fees paid on behalf of the public health nurse

LEARNING OBJECTIVES TO BE CLARIFIED AND ARRANGED BY DISTRICT STAFF:

- Competency demonstration of health assessment of required ages and types, including pelvic exams if assigned.
- Nutritional assessment, including nutrition history and counseling.
- Anthropometric measurements, including the use of growth charts.
- Developmental assessment, including use of ASQ-3 or other developmental assessment tool.
- Vision and hearing screening techniques, including the proper use of the appropriate equipment.
- Dental screening and screening of the oral cavity and its structures.
- Assessment of immunization status.

SUPPORTING DOCUMENTS AND FORMS

**DISTRICT POINT OF CONTACT (POC)
FOR HEALTH ASSESSMENT**

DISTRICT	POC (DND or Designee)	CONTACT INFO (phone & email)
1-1	Cheryl Bandy	706-802-5219 Cheryl.Bandy@dph.ga.gov
1-2	Marie Smith	706-529-5757 Marie.Smith@dph.ga.gov
2	Alan Satterfield	770-531-5600 Alan.satterfield@dph.ga.gov
3-1	Catharine Smythe	770-514-2351 Catharine.smythe@dph.ga.gov
3-2	Gloria Beecher	404-613-1636 Gloria.Beecher@fultoncountyga.gov
3-3	Janna McWilson	404-276-4412 Janna.mcwilson@dph.ga.gov
3-4	Keisha Lewis-Brown, RN,	678-447-1813 keisha.lewis-brown@qnrhealth.com
3-5	Sabrina Thomas	404-294-3798 Sabrina.thomas@dph.ga.gov
4	Wendy LeVan	706-298-7752 Wendy.LeVan@dph.ga.gov
5-1	Stacy Upshaw	478-275-6545 Stacy.upshaw@dph.ga.gov
5-2	Judy McChargue	478-751-4151 Judy.mcchargue@dph.ga.gov
6	Tammy Burdeaux B/U: John Robinson	706-667-4296 Tammy.Burdeaux@dph.ga.gov John.Robinson@dph.ga.gov
7	Tori Endres	706-321-6136 Tori.Endres@dph.ga.gov
8-1	Lisa Thomas	<u>229-245-6433</u> Lisa.Thomas@dph.ga.gov
8-2	Kitty Bishop copy: Marie Moody	229-430-4599 Kitty.Bishop@dph.ga.gov
9-1	Betty Dixon	912-356-2241 Betty.Dixon@dph.ga.gov
9-2	Kay Davis copy: Cindi Hart	912-557-7193 Cindi.Hart@dph.ga.gov 912-557-7172 Kay.Davis@dph.ga.gov
10	Whitney Howell	706-583-2777 Whitney.howell@dph.ga.gov

Health Assessment Competency Development
Notification Form

NAME & TITLE: _____ DATE: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

WORK PHONE #: _____ EMAIL: _____

DISTRICT #/COUNTY: _____ DOB (MO/DAY/YR): _____

ENROLLMENT CRITERIA (please check)	EXEMPTION CRITERIA (please check)
<input type="checkbox"/> DND determines enrollment necessary for optimal performance.	<input type="checkbox"/> Transfer from other PH clinical practice setting and has documentation of successful completion of course requirements.
<input type="checkbox"/> No documentation of successful completion of a baccalaureate or higher level health assessment course.	<input type="checkbox"/> Successful completion of a baccalaureate or higher level health assessment course AND documentation of preceptorship and competency demonstration.
<input type="checkbox"/> Limited or no clinical experience in health assessment OR has been out of clinical practice for extended time.	<input type="checkbox"/> Requested and received credit by exam through school of nursing AND has documentation of preceptorship and competency demonstration.

What is your highest nursing degree?

___Diploma ___ADN ___BSN ___MSN Other: _____

Approved School for Enrollment _____

Planned Term and Year of Enrollment: (e.g., Fall 2019): _____

Type of Course: _____ In-classroom (primarily face to face; may be "web enhanced," i.e., syllabus and some materials/assignments online)
_____ Hybrid (51%-95% online)
_____ Online (>95% online)

Please consult with your supervisor to identify your preceptor(s) for this course.

Preceptor Name for Child Health: _____ Title: _____

Phone: _____ E-mail: _____

and, if applicable:

Preceptor Name for Women's Health: _____ Title: _____

Phone: _____ E-mail: _____

Signature of Supervisor: _____ Email: _____

Signature of District PHN/CLIN Director or Designee: _____

Date: _____

Send completed form before term begins to: Rebekah Chance-Revels at Rebekah.Chance-Revels@dph.ga.gov 2 Peachtree Street, NW, Suite 9-295, Atlanta, GA 30303. Reimbursement by DPH is contingent upon available funds and will be reviewed each semester.

HEALTH ASSESSMENT PRECEPTORSHIP COMPETENCY DEMONSTRATION FORM

Nurse's Name: _____ District #/County: _____

Date of Health Assessment Course (month/year): _____ to _____

Name of Preceptor(s):

Child Health _____

Women's Health, if applicable _____

PHYSICAL ASSESSMENTS

Requirement: A complete appraisal for each area of assignment until competency is demonstrated. Document (date and initials of preceptor in box) each appraisal completed. Appraisals of children from birth to twenty-one (21) must include required assessments of both male and female children. Asterisks denote the minimum number of assessments required in each category (see p. 10). The preceptor(s) will determine if a nurse needs to perform additional assessments to demonstrate competency. Use reverse side if additional space is needed for documentation.

BIRTH TO 3 YRS	3 YRS TO 12 YRS	12 YRS TO 21 YRS	ADULT	MALE GU EXAMS (14 yrs and older)	MALE BREAST EXAMS	FEMALE BREAST EXAMS	PELVIC EXAMS
*(male)	*(male)	*(male)		*		*	
* (female)	*(female)	*(male)		*		*	
		*(female)		*		*	
		*(female)		*		*	
				*		*	

When competency has been demonstrated in each of the areas listed above, the public health nurse and preceptor(s) sign and date the Competency Demonstration Form.

Public Health Nurse: _____
(Signature)

Date: _____

Preceptor (Child Health): _____
(Signature)

Date: _____

Preceptor (Women's Health): _____
(Signature)

Date: _____

Evaluation Health Assessment Course 2019-2020
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The health assessment competencies identified for Georgia public health nurses are:

- 1) Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes and populations
- 2) Ability to communicate effectively via written, oral, electronic and other means with various, diverse individuals and populations
- 3) Ability to elicit data for a health history that includes physical, cultural, social, nutritional, mental and developmental information
- 4) Ability to differentiate normal/abnormal findings
- 5) Ability to interpret and apply findings to develop an appropriate plan of care

In an effort to evaluate the Health Assessment course you have just completed and its appropriateness for other public health nurses, please take a moment to complete the following:

Evaluation Criteria:⇒		Strongly Agree	Agree	Disagree	Strongly Disagree
		1	2	3	4
<i>Please check the box that reflects your opinion.</i>					
1.	I had the information I felt I needed prior to the start of the course.				
2.	I knew my preceptor's name and understood the role of my preceptor before I started the course.				
3.	This course helped me to develop the above listed health assessment competencies.				
4.	I feel that the course adequately prepared me to begin doing health assessments in my work setting with my				
5.	The course content was appropriate for the development of the health assessment competencies.				
6.	I would recommend this course to other public health nurses				
7.	I feel competent in the technology used in the course (e.g., computer, web, video, simulation).				
8.	I plan to use this college credit to work toward my BSN or higher nursing degree.				

Please answer the following:

9. The number of hours per week I spent on the course (in class, online, studying, doing assignments, etc.) was: ___ < 10 hrs/wk ___ 11 – 15 hrs/wk ___ 16 - 20 hrs/wk ___ > 20 hrs/wk
10. The number of hours per week of work time I was scheduled to work on the course was:
___ None ___ 1 – 4 hrs/wk ___ 5 – 8 hrs/wk ___ 9 – 12 hrs/wk ___ 13-16 hrs/wk ___ > 16hrs/wk
11. College/university at which course was taken: _____
12. Dates of course (starting month/year – ending month/year): _____
13. Type of course taken:
___ Face-to-face (in classroom, possibly with web-enhanced features)
___ Hybrid (51 – 75% online, with some on-campus sessions required)
___ Online (>95% online)

14. What I liked most about the course was:

15. What I liked least about the course was:

16. What I would change about the course is:

Additional Comments – Please provide additional feedback and suggestions to improve or enhance this course:

Email, fax or mail to: Office of Nursing
 Department of Public Health
 2 Peachtree St, NW, Suite 9-295
 Atlanta, GA 30303
 404-463-5972
 FAX: 404-656-4457

**HEALTH ASSESSMENT COURSE
APPROVED SCHOOLS FOR 2019-2020**

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
<p>Albany State University/Darton College Department of Nursing 2400 Gillionville Road Albany, GA 31707 https://www.asurams.edu/</p> <p>Nursing: 229-317-6820 Admissions: 229-500-4358</p> <p>NOTE: Albany State University and Darton State College have officially consolidated.</p>	<p>NURS 3640/Online/3 credit hours</p>	<p>Spring Semester (7-week course): 1/13/2020-3/6/2020</p> <p style="text-align: center;">or</p> <p>1/13/2020-3/6/2020</p>	<p>Deadline for spring semester is November 1, 2019</p> <p>Nurse must complete full application process even if non-degree seeking. Nurses that have met the admission application deadline and have submitted all required official documentation may be expedited in the admission process through www.gafutures.org</p> <p>After being accepted into ASU, please contact Jan Rodd, MN, RN regarding course enrollment at 229-500-2343 Jan.rod@asurams.edu</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
<p>Clayton State University School of Nursing 2200 Clayton State BLVD Morrow, GA 30260 http://www.clayton.edu/</p> <p>Nursing: 678-466-4900 Admissions: 678-466-4000</p>	<p>NURS 3200//classroom/3 credit hours</p>	<p>Spring Semester: 1/11/2020-5/11/202</p>	<p>Deadline for spring semester is November 15, 2019</p> <p>Must apply as a non-degree seeking student unless nurse intends to complete BSN</p> <p>Once accepted into Clayton State University please contact Christy Hicks regarding course enrollment at 678-466-4901 christyhicks@clayton.edu</p>
<p>Columbus State University 4225 University Avenue Columbus, GA 31907 http://www.columbusstate.edu/</p> <p>Nursing: 706-507-8560 Admissions: 706-507-8800</p>	<p>NURS 3293/Online/3 credit hours</p>	<p>Spring semester: 1/16/2020-3/6/2020</p>	<p>Deadline for spring semester is November 30, 2019.</p> <p>Must apply as RN-BSN student. Once accepted into to Columbus State contact Theresa M. Conklin regarding course enrollment at: 706-507-8563 Conklin_marie@columbusstate.edu</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
<p>Georgia College & State University 231 W. Hancock Street Milledgeville, GA 31061 http://www.gcsu.edu/nursing/</p> <p>Nursing: 478-445-1076 Admissions: 478-445-1283</p>	<p>NRSG 3142/Online/3 credit hours</p>	<p>Summer semesters only</p>	<p>Summer semester deadline is May 1, 2020.</p> <p>Expedited admissions process available. Nurse must complete application and proof of residency forms. Contact Josie Doss and Alison Shepherd for copies of the forms at Josie.doss@gcsu.edu Alison.shepherd@gcsu.edu</p>
<p>Georgia Southern University/Armstrong State University School of Nursing Department 4158 11935 Abercorn Street Savannah, GA 31419 https://www.georgiasouthern.edu/</p> <p>Nursing: 912-478-5479 Admissions: 912-478-5391</p> <p>NOTE: Georgia Southern University and Armstrong State University have officially consolidated.</p>	<p>NURS 3102B/Classroom/4 credit hours</p>	<p>Spring Semester: 1/13/2020-5/7/2020</p>	<p>Spring semester deadline is December 1, 2019.</p> <p>Must apply to RN-BSN program as non-degree seeking student. Once admitted to Georgia Southern University, contact Melissia Deal regarding course enrollment at 912-478-5479 melissiadeal@georgiasouthern.edu</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
<p>Georgia Southwestern State University 800 Georgia Southwestern State University Drive Americus, Georgia 31709 https://www.gsw.edu/</p> <p>Nursing: 229-931-2275 Admissions: (877) 871-4594</p>	<p>NURS 3200 and 3200L (must take both)/Online/4 credit hours</p>	<p>Spring semester: 1/2/2020-5/13/2020</p>	<p>Spring semester deadline is December 10, 2019.</p> <p>Nurse must indicate 'public health nurse' on application. Once admitted to Georgia Southwestern State University contact Teresa Teasley regarding course enrollment at 229-931-2289 Teresa.teasley@gsw.edu</p>
<p>Kennesaw State University 1000 Chastain Road Kennesaw, GA 30144 https://www.kennesaw.edu/</p> <p>Nursing: 470-578-6061 Admissions: 470-578-6000</p>	<p>NURS 3309/Classroom/3 credit hours</p>	<p>Spring semester: 1/6/2020-5/4/2020</p>	<p>Spring semester deadline is December 1, 2019.</p>
<p>Middle Georgia State University 100 University Parkway Macon, GA 31206 www.mga.edu</p> <p>Nursing: 478-471-2762 Admissions: 877-238-8664</p>	<p>NURS 3210 and 3210L (must take both)/Online/5 credit hours</p>	<p>Spring semester: 1/8/2020-4/29/2020</p>	<p>Spring semester deadline is December 6, 2019.</p> <p>Must complete full application process even if non-degree seeking.</p> <p>Once admitted to Middle Georgia State University contact Kathy Wilcox regarding course enrollment at: Kathy.wilcox@mga.edu</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
<p>University of North Georgia 82 College Cir Dahlonega, GA 30597 www.ung.edu</p> <p>Nursing: 706-864-1930 Admissions: 706-864-1800</p>	<p>NUR 3303/classroom/3 credit hours</p>	<p>Spring semester: 1/13/2020-5/9/2020</p>	<p>Spring semester deadline is November 1, 2020.</p> <p>Nurse must apply to RN-BSN program. For information about application, contact Elaina Butler at 706-867-2997 Elaina.butler@ung.edu</p> <p>Once accepted contact Becky Murck regarding course enrollment at 706-867-2995 Becky.murck@ung.edu</p>
<p>University of South Carolina – Aiken 471 University Parkway Aiken, South Carolina 29801 www.usca.edu</p> <p>Nursing: 803-641-3392 Admissions: 803-641-3366</p> <p>NOTE: In-state tuition charged to GA residents of Richmond & Columbia counties</p>	<p>NURS A307/Classroom/3 credit hours</p> <p>NOTE: requires a face-to- face class and a 1.5-hour lab each week</p>	<p>Spring semester: 1/13/2020-4/27/2020</p>	<p>Spring semester deadline is December 1, 2019.</p> <p>Expedited application process available, contact Laura Foreman at 803-641-3277 foremanl@usca.edu for more information</p>

School Information	Course #/Format/Hours	Course Begin/ End Date	Additional information
University of West Georgia 1601 Maple Street Carrollton, GA 30118 www.westga.edu Nursing: 678-839-6552 Admissions: 678-839-5600	NURS 4506/Online/3 credit hours	Summer semester only	Once admitted to UWG contact nurs@westga.edu for course enrollment info
Valdosta State University 1413 N. Patterson St. Valdosta, Georgia 31698 www.valdosta.edu Nursing: 229-333-5959 Admissions: 229-333-5791	NURS 3103/Classroom/ 3 credit hours	Spring semester: 1/13/2020-5/4/2020	Deadline for spring semester is October 1, 2019.

FINANCIAL CONTACTS FOR THIRD PARTY PAYMENT SCHOOLS OF NURSING

***NOTE:** The Letter of Intent (LOI) should be sent to the school's contact for third party payment. The LOI requests that the school waive fees other than the technology fee, e.g., health fee, activity fee, athletic fee, activity center fee, orientation fee, postal fee, ID card fee, enrollment services fee, nurse/health course fee. It states that the student (or employer) is to pay the parking fee. Some schools will waive the requested fees; tuition and fees charged by the school will be reimbursed as per the department's policy.

Approved Schools:

Albany State	Antoinette Hightower 2400 Gillionville Road Albany, GA 31707 antoinette.hightower@asurams.edu 229-317-6141 Fax: 229-317-6647
Clayton State	Ava Pugh, Student Accounts/Third Party Coordinator (Bursar Office) 2000 Clayton State Blvd Morrow, GA 30260 avanellpugh@clayton.edu 678-466-4290 Fax: 678-466-4299
Columbus State	Lindsay Allison (Bursar Office) 4225 University Avenue. University Hall, First Floor Columbus, GA 31907 allison_lindsay@columbusstate.edu 706-507-8857 Fax: 706-569-2839
GCSU	Sarah Batchelor CBX 022 Milledgeville, GA 31061 Sarah.Batchelor@gcsu.edu 478-445-6094 Fax: 478-445-1213
GA Southern Univ.	Lisa Lustgarten Office of Student Fees P.O. Box 8155 Statesboro, GA 30460 elustgarten@georgiasouthern.edu 912-478-0163 Fax: 912-478-7887

GA Southwestern	Christy Barry, Student Accounts 800 Ga Southwestern State Univ. Dr Americus GA 31709-4379 stuaccts@gsw.edu 229-931-2013 Fax: 229-931-2768
Kennesaw	Bursar's Office, MD0503 Carmichael Student Center RM 236 395 Cobb Avenue Kennesaw, GA 30144 Bursars@kennesaw.edu 470-578-6419 Fax: 470-578-9161
Middle Georgia	Bernice Hart, Accounting Assistant 100 University Parkway Macon, GA 31206 bernice.hart@mga.edu 478-471-2727 Fax 478-471-5310
N. GA College	Carla Gibbs, Bursar Office P.O. Box 1358 Gainesville, GA 30503 carla.gibbs@ung.edu 678-717-3784
USC Aiken	Meg Gilliam, Finance Office (in-state tuition for residents of Richmond and Columbia counties only) 471 University Pkwy Aiken SC 29801 meghang@usca.edu 803-641-3456 Fax 803-641-3693

Univ. of W GA Claire Gibbs, Bursars Office
1601 Maple St
Carrollton, GA 30118
agibbs@westga.edu
678-839-5648
Fax: 678-839-5649

VSU Jordan Thompson, Financial Services
1500 N Patterson St
Valdosta, GA 31698-0187
jordroberts@valdosta.edu
229-333-5724
Fax: 229-259-2051

Other Schools (use only if approved in advance by Office of Nursing):

Augusta April Stapleton, Accounting Assistant
2500 Walton Way
Payne Hall
Augusta, Georgia 30904
astapleton@augusta.edu
706-729-2050
Fax: 706-667-4643

Brenau University **Portia Clark, Student Accounts Manager**
500 Washington St
Gainesville GA 30501
pclark2@brenau.edu
770-538-4759
Fax: 770-538-4665

GA State Univ **Sponsored Billing Team**
P.O. Box 4029
Atlanta, GA 30302-4029
sponsoredbilling@gsu.edu
404-413-2183
Fax: 404-413-2144

Piedmont Cassie Shirley, Business Office
P.O. Box 10
Demorest, GA 30535
cshirley@piedmont.edu
706-776-0101

~~(DISTRICT OR COUNTY LETTERHEAD)~~

(DATE)

MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
(School)

FROM: (Name)
(Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurse

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurse enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., FALL2019) semester:

NAME COUNTY DOB

(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurse listed above. (LIST NAME OF PERSON OR AGENCY) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since this nurse is a state or county government employee and is taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
TITLE
ADDRESS
or electronically at EMAIL ADDRESS)

The above nurse is advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student's obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at (EMAIL ADDRESS). Thank you for your attention to this matter.

c: (Nurse listed above)

(DATE)

MEMORANDUM

TO: (Name, Title, Dept/Office of Third Party Payment Contact)
(School)

FROM: (Name)
(Title, District)

SUBJECT: Tuition Arrangement for Public Health Nurses

The purpose of this memo is to assure that your institution is reimbursed, in a timely manner, the in-state tuition costs for the following public health nurses enrolled in the Health Assessment course during the (SEMESTER & YEAR, e.g., FALL2019) semester:

NAME COUNTY DOB

(NAME OF PUBLIC HEALTH DISTRICT OR COUNTY) will pay the in-state tuition and technology fees for the public health nurses listed above. (LIST NAME OF AGENCY OR PERSON) is responsible for any parking fee, books and supplies. If a health fee, activity fee, athletic fee, postal fee, or orientation fee is charged, we request that these fees be waived since these nurses are state or county government employees and are taking this one course for employment purposes. If that is not possible, please contact me. Please forward the invoice for payment to me at the following address:

(NAME
TITLE
ADDRESS
or electronically at EMAIL ADDRESS)

The above nurses are advised to take this letter to the school if completing the registration process on site. This letter should serve to eliminate the student's obligation to make any personal payment at the time of registration.

Please feel free to contact (NAME at PHONE #) or by fax at (NUMBER) or at (EMAIL ADDRESS). Thank you for your attention to this matter.

cc: (Nurses listed above)

**HEALTH ASSESSMENT ROSTER
SEMESTER & YEAR (e.g., FALL 2019)**

#	STUDENT	DIST & CO	DOB	SCHOOL	Email/Phone #/Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Department of Public Health
Office of Nursing

Name

has completed the requirements for the

***Health Assessment
Competency Development Program***

Date

Dist Nursing Director Name and Credentials
Title
District Name and Number

Dist Health Director Name and Credentials
Title
District Name and Number

Participant's Strengths:

Participant's Areas for Development:

Recommendations for Improvement:

Participant's Comments:

Participant's Signature: _____ Date: _____

Preceptor's Signature: _____ Date: _____

DISTRIBUTION: TURN IN TO COUNTY NURSE MANAGER

HEALTH ASSESSMENT GUIDE FOR PRECEPTORS

**Preceptor may choose to use this as a guide to assure that ALL BODY systems are covered during exam*

LEGEND: **S = Satisfactorily Performed**
 N = Needs Improvement
 O = Not Performed
 NA = Not Age-Appropriate

Health History, General Appearance and Measurements

- Collects history
- Notes general appearance data
- Records ht. wt. skinfold thickness (if indicated), vision, vital signs

Skin

- Examines with each body region

Head and Face

- Inspects & palpates scalp, hair, cranium
- Tests sensation of face (CN V)
- Inspects positioning of eyes/ears
- Inspects face for expression, symmetry (CN VII)
- Palpates temporal pulses
- Palpates TMJ
- Palpates sinuses; if tender, transilluminates
- Measures circumference (<2 yr)
- Measures fontanel < 18 mos)

Eyes

- Tests visual fields by confrontation (CN II)
- Tests extraocular muscles via corneal light reflex, 6 cardinal fields (CN III, IV, VI)
- Inspects external eye
- Inspects conjunctivae, sclera, corneas, irises
- Tests pupil's size, response to light and accommodation
- Examines with ophthalmoscope (fundus, red reflex, disc, vessels, retinal background)

Ears

- Inspects external ear
- Tests for tenderness
- Examines with otoscope (canal, TM)
- Assesses hearing (voice, Weber, Rinne; CN VIII)

Nose

- Inspects (symmetry, lesions)
- Tests patency of each nostril
- Inspects nares with speculum

Mouth and Throat

- Inspects lips, mouth, buccal mucosa, teeth/gums, tongue, flora of mouth, palate, uvula
- Tests mobility of uvula and gag reflex (CN IX, X)
- Inspects tongue in mouth and while protruded (CN XII)

Neck

- Inspects neck (including for jugular venous pulse)
- Palpates lymph nodes
- Inspects/palpates carotid pulses; listens for bruits if indicated
- Palpates trachea

- ___ Tests ROM and strength against resistance (CNXI)
- ___ Palpates thyroid

Chest

- ___ Inspects posterior/anterior chest
- ___ Palpates posterior/anterior chest and spinous processes
- ___ Percusses lung fields, diaphragmatic excursion
- ___ Percusses CVA
- ___ Observes respirations
- ___ Auscultates breath sounds

Heart

- ___ Observes/palpates for PMI
- ___ Palpates precordium
- ___ Auscultates with bell/diaphragm in sitting/lying position

Upper Extremities

- ___ Tests ROM, strength of hands, arms, shoulders
- ___ Palpates epitrochlear nodes

Breast

Female:

- ___ **Performs California CBE (lymph node exam, Cahan position, pattern, pressure, perimeter coverage, communication)**

Male/Prepubertal Female:

- ___ Inspects and palpates while palpating anterior chest wall

Abdomen

- ___ Inspects abdomen, including umbilicus
- ___ Auscultates (bowel and vascular sounds)
- ___ Percusses all quadrants, liver, spleen
- ___ Palpates, light/deep, all quadrants
- ___ Palpates for liver, spleen, kidneys, aorta
- ___ Palpates inguinal nodes and femoral pulses

Lower Extremities

- ___ Inspects skin, hair, symmetry, leg position
- ___ Palpates pulses (popliteal, posterior tibial, dorsalis pedis)
- ___ Palpates for temperature and pretibial edema
- ___ Tests ROM and strength of hips, knees, ankles, feet
- ___ Inspects legs (when **patient** is standing) for varicose veins

Male Genitalia/Rectum

- ___ Inspects penis/scrotum, including position of urethral meatus
- ___ Palpates scrotal contents
- ___ Checks for inguinal hernia
- ___ Palpates inguinal nodes
- ___ Inspects perianal area
- ___ Palpates rectal walls and prostate

Female Genitalia/Rectum

- ___ Inspects perineal and perianal areas, including vaginal/urethral orifices
- ___ Palpates vulva
- ___ Inspects vaginal walls and cervix with speculum

- Performs bimanual examination (cervix, uterus, adnexa, rectum, rectovaginal walls)
- Palpates inguinal nodes

Musculoskeletal

- Observes gait
- Evaluates ROM (hands, elbows, shoulders, neck, hips, knees, feet)
- Evaluates muscle strength (biceps, triceps, deltoid, hamstrings, quadriceps)
- Assesses hips (< 1 yr)
- Assesses spine

Neurologic

- Performs developmental assessment (< 6 yrs)
- Tests sensation (light touch, sharp/dull, vibration)
- Tests stereognosis/graphesthesia
- Performs finger to nose test or rapid alternating movements test
- Observes heel to toe walk
- Performs Romberg test
- Elicits/tests reflexes (biceps, triceps, brachioradialis, patellar, Achilles, babinski; < 6 mos: moro, rooting, tonic neck, grasp, dancing/stepping)

Organizational Skills:

Approach to Patient:

Additional Comments:

DCH Requirements for Nurses Participating in Health Check Program
From *Part II, Policies and Procedures Manual EPSDT (Health Check Services)*, p. VI-2:
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPSDT%20Services%20Health%20Check%20Program%20Manual%2020190401134006.pdf>
Published April 2019 (accessed June 7, 2019)

602. Special Conditions of Participation

In addition to the general Conditions of Participation contained in Part I Policies and Procedures for Medicaid/PeachCare for Kids®, providers in the Health Check program must meet the following requirements:

- A.** Physicians, including those employed or contracted by an LEA, must be currently licensed to practice medicine. (Refer to the Physician Services Manual)
- B.** Nurse Practitioners, including those employed or contracted by an LEA, must maintain a current registered nurse license for the State of Georgia and current specialty certification by the appropriate certifying agent of the American Nurses Association. (Refer to the Advanced Nurse Practitioners Manual)
- C.** Nurse Midwives, including those employed or contracted by an LEA, must maintain a current registered nurse license and current certification as a nurse midwife by the American College of Nurse-Midwives (ACNW). A copy of the national certification must be on file with the Division of Medicaid. (Refer to the Nurse Midwifery Manual)
- D.** Physician-sponsored providers, including those employed or contracted by an LEA, must be currently licensed to practice and must submit a copy of their license with the application. They must also maintain current written protocols, physician sponsorship and submit an official letter from their physician sponsor as proof of physician sponsorship. These providers include:
- Certified pediatric, OB/GYN, family, general or adult nurse practitioners. A recent graduate of a Nurse Practitioner Program may enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam.
 - Physician assistants must be licensed by the Georgia Board of Medical Examiners and be associated with one or more sponsoring physician(s) on file with the Composite State Board of Medical Examiners. (Refer to the Physician Assistant Services Manual)
 - Public Health registered nurses, affiliated with a Georgia local board of health, who have successfully completed the required training for expanded role nurses.