CDPH Webinar

Thursday, April 30, 2020

10:00 am

John Cordova: And so the first set of questions are related to curriculum in general.
And so a lot of them are related to the current state of needed to flex so Yvonne clots online classes started during the state of emergency well, the class people to finish online in the state of emergency lifted prior to the completion of the course.

Terry: The answer to that question is yes. And after the state of emergency is lifted then the NATP can resume their training and whatever waiver, (unintelligible) for that class. They can finish it out and of course after that class because the state of emergency is over, and they would resume their normal agreement with us moving forward.

John Cordova: In this state of flex some of them have already started their online and the theory, but haven't been able to finish clinical practice because they're waiting for facilities to open the doors, do we need to submit a request for approval for theory to be changed to online and how do we complete the clinical portion and I know this, click on questions after this. But how do we complete the clinical portion for this particular group that started

Terry: So the answer to that is yes. So if an NETT wants to be able to do their clinical training and they're not able to get into this because of the declared emergency, they can submit

If it's just for the theory portion, then they can just notify us by email to the TPRU mail box.

So that we're aware of it. But if they want to actually flex their clinical practice because clinical they can't get into the skilled nursing facility that we need to do is submit a 5000A

Flex request and we will process that request

John Cordova: In regards to the requirements do students have to pass each module to gain access to the next module, meaning do a student have to do the modules in numerical sequence or can it be flexible throughout?

Terry: It's a two part answer to that john so TPRU which is the traditional classroom NATP they must have they must follow the approved schedule so that doesn't have to be in sequence of modules 1-17 but whatever we have approved with that with each NATP there to follow their approved schedule so, I'm going to let e-learning answer the other one.

Sevada Hairapetian: So for e-learning the sequence isn't necessarily important, although it does make sense. But what we're asking is that a student finish a module, take a test and then goes to the next

module that's, that's where that comes from.

John Cordova: So, in essence, if I go from module four to Module seven to module two module whatever is that sequence, I can move in any sequence as long as I completing the sequence and the number of hours required

Sevada Hairapetian: You as the instructor as the student?

John Cordova: As the programs approved.

Sevada Hairapetian: Oh yeah, you can have it out of sequence. It's just that we want to make sure that the student understands that particular module and is passing it successfully before they take on another one from the E-learning point of view.

John Cordova: Okay, there's a question related to clinical excess and can they apply that to the lab approval as clinical just in case. So I'm thinking that day based on their program and how many hours, they've added or maybe padded into their program can they use those hours and reduce them down to the minimum required hours so that they can they can get students completed based on their program approval during this crisis if they can bring it down to the minimum is that…

Terry: To answer your question as far as the clinical hours. There's no changing the number of clinical hours. So we're not changing anything from the hundred hours so in order to be able to accomplish those hours towards the training, they have to make sure that they're obtained in an NATP program. So on the job, hours, working outside of an approved program would not count towards 100 hours and we're not reducing the number of hours so

John Cordova: In the case of a program that's approved prior to this crisis they have an already approved program and they built in 120 clinical hours but during this crisis the 20 hours is excess over what your minimum requirement is they've met the minimum hundred but they didn't meet the Hundred and 20 have approved, can they just at this point waive those 20 and just go with the minimum.

Terry: So that was. That's a very good question. So they would need to actually submit that change request to us. That's not a waiver. That's more of a change of those schedule because they're voluntarily, there's quite a few programs that have more hours than the minimum but we have to make sure that those minimum hours that they're wanting to trim down to the hundred hours meets the requirements. So they would need to do a change of schedule, not a waiver to the actual hours and that would come through the TPRU mail box.

John Cordova: Okay, um, these are questions related to the clinical and clinical hours. So an ATP's and nursing facilities may apply for waivers of the other requirements, not specified such as alternate ways to conduct clinical training simulation or laboratory returned demonstration, are they using the same 5000 form for both industry based programs and education based programs because the 5000 form focuses more on an in house industry based program.

Terry: Yes, we recognize that the full of the 5000 a raver request form, is it feels awkward, especially to the training programs that you know the 5000 form was really meant for skilled nursing facilities, but in order to request a waiver, the nursing NATP has to follow the process of completing a 5000A form and submitting it per the directions on the forum and filling it out best as they can so yeah, we apologize for the kind of awkward… the old 5000 forum, that's an old form they really need to follow the 5000A form that's on that actual waiver form.

John Cordova: I know you mentioned this a little bit about the hundred hours that California uses a minimum required is there ability to request a waiver for just the federal 75 minimum required hours for clinical?

Terry: California is not reducing the hours you're maintaining 100 hour clinical we're just allowing the flexibilities in 20-40 AFL and then they can also submit a 5000A request if they wish to waive the, the current clinical option so that they could do return demonstration and or laboratory or simulation or a combination of both. But we are not entertaining reduction of the clinical hours of below 100 at this time.

John Cordova: The 5000 form, what is the turnaround time when submitted based on approval or denial

Terry: We have a very large backlog that we're working on immediately. We've got a lot of staff working on it and we're going as fast as we can and I don't want to put a time frame to it. But what I can tell you is that we have staff right now that have been assigned to all of the flexes that are currently as of last Friday that were submitted. And so they are to be calling each of the flex requests and ATP's, to get the information that they need to clarify it and we're asking to move on those immediately and Terry, I don't know if you want to weigh in on that. But we're working as quickly as we can…

Terry: The waiver requests are priority. So we're moving as quickly as we can on them and we don't have a set, I don't want to give a set time that I will say that we're working towards having them turned around within a couple of days or so. So that's what we're working towards, but they are a priority and we're moving them as quickly as we can.

John Cordova: In reference to that and they receive a denial and they resubmit or make changes based on that will that just get put back in the queue as a new a new one coming in or will that be a second look coming back at the top of the list, I guess.

Terry: So, to be fair to all of the people that have already submitted, there's, it's only fair that if it was denied that they would resubmit, and that we would put it in the first in first out, but we are trying very quickly to, you know, process them as rapidly as possible but once we close one out then we go to the next so it's considered a new submission If there's a denial. Our goal is not to deny. That's why we really want to work with each NATP to do whatever we can to help them and they've been very responsive so, we want to make sure we can approve it as much as possible.

John Cordova: In that, related to clinical hours because many programs are not allowed into a facility and requests are coming in for simulation based clinical are you looking at best practices or sharing any of that type of innovative practices that people can use as they submit their 5000 request form.

Terry: We are looking at each flex request on a case by case basis, but it's very important that and I've looked at a lot of the submissions and what people need to do is make sure that they answer the questions because on the 5000A it asks for what are the methods and the equipment and you know the alternate ways that they are going to provide what they're requesting and many of them do not have adequate information in there for us to be able to approve it. So the best thing I can say is please make your best effort to clarify, as much as possible. You know what it is, how you're going to do it by when you know what, what are you going to use just answer the questions that in the 5000A where it says to please explain what you're going to do in order to make sure that you're meeting the intent of the regulation that you're going to flex and the other ones. Make sure you have the right regulations... I did a kind of a quick check and more than 80% didn't even have a regulation, you have to identify the regulation, you're wanting to flex.

John Cordova: And in that Is there a need, if I if I was to put in a request to flex clinical hours for simulation are returned demonstration hours do I need to put in the request for all of those hours or all those clinical skills that I need to do it or can I just give you some examples to fulfill the request.

Terry: You know, yeah, I would say, you know, it needs to be reasonable. It doesn't have to be expensive. It's not meant to be that it's just so we can get a sense of what it is that you're doing so keep in mind what it is specifically you're asking for. And then, you know, give us enough information and the nurses will be working with you individually to provide adequate information. It's not meant to be a book. It's meant to be so that we get a grasp of that this would actually meet the intent of the law.

John Cordova: Has TBPH worked at all with any of the long term care or sniffs on the opportunities for expanding students into the clinical study

Paul: Okay, this is Paul. So yeah, we're trying to explore that we understand the issue in the barrier that is presented with this not allowing students in and I'm hoping that with some of the restrictions being lifted as we move forward the growing need for CNA's to be trained in and out there in the healthcare world field that we're working with them and trying to do all we can to collaborate with them to open up so that students get back in there, as you know, there's a lot of concern and barriers and PPE that's needed. So, but we are trying to work with them to get back to normal as much as possible.

John Cordova: There's a lot of questions related to just that I'm getting back to clinical programs are at various endpoints and we only have 40 hours left we have 10 hours left we have 60 hours left. So when we are requesting the 5000A form and we're just saying we want to flex these 50 hours or this you know 12 hours. We just want to give a general example of what those hours flex are and how I'm going to meet those things is that correct

Terry: So you need to explain what it is that you want to have happen. My understanding is the request that we're getting is not just for that. That one class, but for the for the period of time that

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they're unable to get back into the ???. So the goal is for this to bridge them until they're, they're able to provide

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until the they can get into back into the ??? to do the clinical training. So focusing your request in that regard that is what I recommend.

John Cordova: And in working with CMS are CDPH and CMS going to put any guidelines on how to reenter the clinical sites with students, knowing that there's limited PPE and how do we do that because students are from, from what we understand students who are in healthcare are considered a central workers however, often they see them as visitors. So how do we as they're going to be guidelines, that's going to help support programs to bring students back into that clinical setting.

Paul: So we will do the best we can. We just started creating a separate page on our website for many of these things to go back on the question you asked earlier with best practices were looking into do a FAQ frequently asked questions page as well. So as we continue to process these flexes hopefully we can address some of these questions on there that people can refer to, to see best practices to help them with any future flex that they may pose and so as we do kind of get back into facilities we will do the

best we can to put any guidance on there from CMS, CDC or and also following your local public health department.

John Cordova: Now there are opportunities for students to be able to do clinical hours and other settings such as urgent care clinics medical clinics helping with the screening you know, these type of satellite facilities. What is your stance on allowing students to do their hours in those specific areas.

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Terry: So at this time. Our, our regular approaches the clinical hours must be conducted in a skilled nursing facility or ICS that we have an approved agreement with so if they don't have an agreement with us. Then they even they cannot provide the clinical hours so they would have to submit a flex request to us requesting that. But at this time, we have not received any specific waiver request for the settings because the standard settings at this time are the ??? and the ICS and they would have to go through development of a clinical site agreement, because that has to be pre-determined to allow the students entry into the facility. So it's not just a waiver, it would require that they actually got an agreement for them to have entrance into the facility so they can submit a request, but that's the two step process.

John Cordova: So does that also mean that acute care hospitals are not able to be used for clinical

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Terry: So acute care hospitals don't have authority over but if they have a distinct part ???. nested in the hospital and we do have that and they have a clinical side agreement with us, then we do have students that go quote into the hospital, but it's to the distinct parts within the hospital and if there are other hospitals that have the distinct part net that wish to have a clinical site agreement that is already acceptable. That is not a waiver request.

John Cordova: And this is just a question from my head because of the timeframe with the clinical approval clinical side of approvals would it warrant us to look at a waiver that allows us to not have to go through that process temporarily so that we can get students to settings to do the clinical hours like the VRN has done.

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Terry: I can't answer that one. But what I can say is, as a best practice and this is not just for this situation. I always recommend that there are multiple clinical site agreements and that's an ongoing process because it can happen at any time that a ???, you know, doesn't allow the students. So I encourage multiple clinical site agreements and checking, you know, to see whenever they can add clinical site agreements that would be the best way to approach that and then beyond that we would have to on a case by case basis, you know, look at what the consideration would be.

John Cordova: Okay, um, how about students that are working at facilities as NA's already, can they use those hours towards completion.

Terry: Students enrolled in NATP and the NATP's was stopped because of COVID, the students and that's in 20-35 they can continue working as an NA. So that is already an allowable that can be taken advantage of.

John Cordova: But can they use those hours towards their clinical completions for their program.

Terry: No a student just an NA who's not enrolled in an NATP, they must be the hours the clinical hours must be supervised by and approved NATP instructor for the purpose of clinical hours. So just OJT and not for the purpose of the actual training schedule completion. Those are separate activities that they then they don't correspond so the bottom line is if that nurse assistant is enrolled and they're also the program is going, then they're actually receiving those hours if the program is not going. In other words, it's been halted and they're just working as an NA then those hours are not counted towards the NATP because they're not supervised by the instructor for the purpose of meeting the requirements of the pre-approved NATP schedule.

John Cordova: On the 5000A form is several questions related to this form so can we clarify a little bit about the 5000A form and If I'm going to submit this form for program flex who does it go to, or if I'm submitting this for online remote learning who does it go to, there's some confusion about the 5000, 5000E, 5000A. Can we just get some clarity on that form?

Terry: Okay, so first 20-40 the AFL is targeted at existing NATP's that had a traditional classroom agreement with TPRU so that's the first thing. So those flexibilities the one through eight flexibilities in the AFL they only require a verification, which is an email to the TPRU mailbox to say they're going to implement those flexibilities so the only things that should be coming in on the 5000A should be two flex requests, which would be for clinical so I see a lot of requests that have a combination of notifications and flex request for clinical they shouldn't have those notifications in there and if they do, the nurses that are working those will say please take those out. And actually send the information through the TPRU email box after that, then the actual form itself for the specific regulation that they're flexing, for example, the most common regulation to flex is title 22, 71835 M1 that is title 22, 71835 M1 and that's the flex request to allow the clinical portion of the NATP to be conducted through simulation and or laboratory demonstration so they need to have the flex the proper regulation and then reading the actual flex and going down, then that they'll tell why they need to have it would be you know, whatever the situation is due to the COVID that they can't get into or whatever the for the reason and then how explain how they're going to provide that alternate simulation and our laboratory demonstration can meet the requirements of their agreement.

John Cordova: Can you repeat that Regulation one more time so we can get clarity.

Terry: Sure there are multiple regulations, but that one is the one that you know comes to mind that title 22 section 71835 M1

John Cordova: Okay, some of this is related to E-learning so I think this is Sevada you're on.

What is the process to complete e learning approval currently?

Sevada Hairapetian: OK, so e-learning has a website where we have posted our forms and the process there. I would encourage everyone who's interested to become an initial online provider to go there and look at those requirements and fill out the forms. That's our process at the moment.

John Cordova: And when they submit e learning forms do they also go to the TPR unit or just to you.

Sevada Hairapetian: No they only go to us so we're two different units. I know it's confusing and I really don't have a way of solving this but e-learning only does online and ATP's and TPRU does the rest of them. This may change in the future. But for right now. That's how it's set up.

John Cordova: Okay. Is there a definition of what online and or Distance Learning is in the eyes of your unit.

Sevada Hairapetian: Yeah, I can try and walk you through that. So think of online as something that's a 24/7 type like an accessing an application that has the videos and class content on it or like an online university where you can kind of log in at any time and do your work and get back to the instructor with deadlines Distance Learning would be something like what we're doing right now like zoom so where you're the instructor. I am the student and we're both online at the same time, I can ask you questions you can teach me and put up things on the on the screen. So I can see it. You can put on test and things like that. They're there at the opposite ends of a Line like a continuum one is 24/7. The other one is we have to do.

John Cordova: And is there a preference to either one or the other.

Sevada Hairapetian: Oh, with us you mean?

John Cordova: Yes.

Sevada Hairapetian: No, no, we will process, anything that comes our way

John Cordova: In relation to the LM s systems or their learning management system platforms, um, is that have to be part of the request of what platform they're using or does that make a difference of what platform you're using to do the online distance education

Sevada Hairapetian: So again, for an initial online applicant right

John Cordova: Yes

Sevada Hairapetian: Oh, no. The doesn't matter what kind of platform, people want to use. We do want to know what it is, though, because if it's like a 24/7 type application, there's a lot more requirements to making sure, for example, that the students are on at a certain amount of time like 15 minutes out of an hour. Whereas if it was like zoom. You can see the students so you know they're there. And you can see their faces, that kind of thing. So it does help to know which is being used from the beginning. And we would ask that question.

John Cordova: And so far, we've been lucky, we have no zoom bombing, so we're good today so if, if you have an approved course already through TPRU and the curriculums already pre-approved there and we're moving it to the online is that, can we do those simultaneously because we're just taking what we're teaching and putting it in an online format. It's not we're not changing curriculum.

Sevada Hairapetian: Okay. So I think it's a two-parter. Can you have an online NATP and a traditional classroom page paste an ATP. At the same time, yes.
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They would have two different numbers and one from ??? one from TPRU, and they'd be evaluated based on each units rules as far as the curriculum, at this point we are evaluating curriculums with an application. So just, just because it's been approved by TPRU. It doesn't mean that it's automatically transferable to our requirements But we would look at it again and Look at how it's being delivered. That's where the most of the hang up is about how the website is being set up or whether if there's even content on the website. When people apply to us.

John Cordova: Is there any particular requirements for online testing.

Sevada Hairapetian: Now, you'd have to clarify that. Do you mean certification testing or More like NATP teaching their students.

John Cordova: teaching the students not they're not the actual certification.

Sevada Hairapetian: There are requirements. And again, they're listed on our website at the e-learning CD page.

John Cordova: Okay, so we're getting into simulation lab type questions. So let's take a look at some of these here and I think we kind of maybe hit on some of these already. Has there been a set of criteria set of allowable hours to provide where simulation versus is the virtual ???.

Terry: Are you talking to me, are you referring TPRU

John Cordova: The question is, The Secretary??? of The hours for simulation versus Returned demonstration.

Terry: So what we do is we look at each waiver request. We don't do percentages. We look at the what they're actually requesting from us and case by case will review it is by topics, just like the 276A has it by topic and modules on so it's not by percentages.

John Cordova: if we are looking at, we're in the middle of group then we started doing the teaching part of that. But now we have the clinical hours that we haven't done, is there a. Is there a criteria of what will be allowable for simulations type activities for demonstrating those skills as opposed to having to do these particular one on a live face to face Or recording you're sending it to the instructor

Terry: again, we'd be looking at what they're requesting of us. So some skills are better evaluated face to face than others So that we would have to use professional judgment and that's why we have nurses that are doing these requests, because they are looking at what is being submitted to us and like Paul said with, you know, hopefully we can get more information up on to share What we have already provided, but we're not at that point yet.

John Cordova: we talked about clinical hours related to like VRN has done so we wont. Go there and Does CDPH have a list of recommended virtual simulation programs, they'd like to see used or reviewed for submission

Terry: No, we don't, we don't endorse or recommend any specific products or materials. So, you know, that would be that's not. We don't do that. But we, you know, encourage you to submit whatever you

think would best meet your needs and your individual waiver request and we will on a case by case basis will review it and provide feedback.

John Cordova: so a question came up, thank you question came up, related to we're submitting waivers currently in this current state and they're getting approval to be able to do Some of these things currently to get students through will these be also able to be used and applied into when things kind of reset to normal, or do we have to submit in a whole new program a Flex or program approval to use those. After this crisis.

Terry: Oh, that's actually a really good question that comes up a lot. So the bottom line is that it's a temporary approval and so once the declared emergency is over, then the authority to utilize the waiver goes away. We also encourage, even if you have a waiver is to sniff open that you resume. So it's not to say that you have to stay with that waiver. The goal is as much as possible to get the students back into the skilled nursing facilities to do their clinicals but this is just a temporary bridge for them. And as long as the waiver is in effect and that would be, you know, the declared emergency. So it's only meant to be a temporary solution.

John Cordova: So essentially, when the Executive order from the Governor is lifted, we hit the reset button.

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Terry: So there will be a call. You can weigh in on this so whenever there is notification that the waiver is no longer. In effect,

Paul: So yeah, I'll jump in so I don't Want to tie it back directly to the executive order because I'm not sure exactly when the governor is going to pull that back. But as we move on, as some of these restrictions lift things are going to continue evolving and we will continue to release AFL and updates on our website as to how things might you know, gradually move back to its normal state as possible, or whatever it is that we have to adjust to

John Cordova: One question was if we're not allowing simulation to compensate for clinical hours. How are the students going to get their certification?

Terry: So the good news is that waiver process is moving along. We've already approved least 14 waivers and a combination of Simulation of a laboratory demonstration so The good news is, you know, submit a waiver we're going to get on it right away and work with you as much as possible for that, you know, the goal is to approve it. So just submit the waiver then we will work with you and go from there.

John Cordova: Questions related to application or testing. Do we have any idea of when students will be able just to resume testing for the ??? exam.

Terry: I can't answer that.

Paul: So one of the two testing vendors is up and running right now beginning or not right now. But beginning May 1 I believe and that's the American Red Cross. So I would encourage everyone to continue visiting their websites and I'll do my best to release updates TO YOU, JOHN If you get it out to everybody but they're planning to resume testing on the first they are have some changes with social distancing and all the local Health Department requirements. So the amount of students being allowed into test is going to change a little bit but testing is going to be a backup and running here soon. And we're working with the other vendor to do the same. So updates to come on that but testing should be getting going here soon in the near future.

Paul: A note on that john real quick is they are trying. There were some students that were already signed up to take the test that had to cancel because of this And so they're trying to focus priority on those that were already signed up, getting them rescheduled and then they'll focus of the of the upcoming applications that they receive.

Laurie Sienkiewicz: So for those of you that have not met, I'm Lori sinkewitz I'm the regional director for the health workforce initiative, but also have oversight. To the Southern California regional testing center and my staff are on here as well. As many of you are our campus is closed. So our office is closed, but the staff is continuing to work remotely to process all of the exams. At this point we don't have a date to start testing. We are working with Pearson VUE and in collaboration with our competitor, the other vendor, the American Red Cross, as well, to see how they're going to start testing doing some small testing tomorrow. So we don't have a date, but we're working towards trying to open up so that we can get test dates. And as Paul just said, we have already the students that applied in March and April. That would be our priority to get them tested as we move forward.
THANK YOU, JOHN

John Cordova: There has been an increased rate of positive patients and long term Cares. What is the best approach for students to return to clinical due to COVID-19 and has CDPH mandated or provide any guidelines

Paul: We're going to have to just continue to follow the guidance from, you know, the CDC. And the state and local health department. So we will produce as much as we can on our webpage. As I mentioned earlier, there's a specific page that we've set up. Related to COVID-19 and all of the various updates that we have from that. So we will do our best we can to post anything there. But again,

following the local health departments and CDC guidelines.

John Cordova: A question regarding Annual program approval renewals, are those currently on hold. Is there an extension for those?

Terry: The NATP AFL 20-40 talks about the renewal extensions of some programs. But as you are probably aware federal requirements for each read that point 151

Terry: requires that NATP's be renewed every two years. We don't have flexibility on that.

John Cordova: Again got several questions related to long term care that are willing to hire students as NA's, but not bring them in, as students, how can we request a waiver to allow them to be hired as NA's and get those hours met for the program.

Terry: Is this regarding CNA's or an HHP?

John Cordova: Looks like it's for our sniffs are still saying no, but are willing to hire students as NA's they need the staff.

Paul: For right now as far as I think we have in the AFL if there are students that were partially through programs NA a facility may hire them. As an NA, and that they can do the duties or competencies that they've been checked off on in the training program. I know there was a question earlier as can their hours count. I'm going to we can meet offline later and discuss some of that to see if perhaps the training programs can work in conjunction with the facility in any of the remaining Skills that need to be checked off if the facilities willing to do that and have the appropriate staff. We may have to look at the Qualifications of their staff to see if they meet the instructor qualification.
And perhaps we can work something out to where they're able to finish the training up or whatever skills that may be left and need to be checked off as they're working
But they can still hire them right now and at the current time they can work to the competencies that they have checked off. So the training program will have to work with sending them. Those that check off skilled with so that the facility knows what they've been trained on

Terry: I'm just going to add and they can also work throughout the duration of the COVID emergency the three months when a patient has been waived.

John Cordova: Um, there was a question in relates to, I have my program approval and my regular scheduled for clinical Say I have it on Tuesdays and Thursdays, where the clinical site. The facility is allowing us to come in, but not on those approved days. Do I need to submit a new program plan or just

a flex request?

Terry: so their schedules. of course schedules are made differently. The best practice would be day one. They do this day, two day three, and then it doesn't matter. You know what day of the week. And so if their schedule is like that then they don't need anything they can just do what they normally do and that would be, you know, determine which Schedules go before the other and other. In other words, it's not day specific. It's just day. One day, two day three, and so on their schedule so that as they're made that way, then there's no problem if their schedule is and we try to correct this as much as possible. If it says on Tuesday. Do this on this, you know, on the first Monday of the month. I do this and they're changing their schedule. Then, then you have to then they have to change. They have to get a correction through TPRU you but we're really trying to encourage the schedules to be very broadly written so that it just says day. One day, two day three. So there's no problem, no matter what calendar day it is or weekday.

John Cordova: There was a question that came up. If a Long term care facility. Is open to allow students to return But they are on the CMS bad list. Can we still use them during this crisis?

Terry: So those facilities that have training bans Those are CMS impose training bands, they cannot have any training in their facility of any kind nor can they be a clinical site agreement that has not changed.

John Cordova: Another question came up about I believe there was a statements that that if there was questions related to any of the flex requests or the 5000 that you would call the person if they're not on campus. Will you send them an email or how would you get a hold them to clarify the question.

Terry: Okay, well the flex request has the contact information in it and we're hoping that you and but what we're finding is people are putting cell phone numbers in there because they are closed So, as far as I know, we haven't had a problem, reaching people because when they submit their 5000A they're there because of their close. So the other way we get ahold of them as we look on their, their contacts you know that's been something we implemented over the last year so that we have multiple numbers and emails to contact folks. But we call them and we email them.

John Cordova: And I think that I know the answer to this. But there was something stated that is E learning temporary only during the crisis will be continued on.

Sevada Hairapetian: the e-learning Unit. It is a permanent unit as much as anything is permanent, the flex is granted to existing programs are temporary. as if you were to apply as a brand new applicant to E learning that would not be counted in any way towards those flexes, they don't, they're not the same

thing. I hope I'm being clear.

John Cordova: We talked a lot about CNA or the NATP's. But one person is asking regarding the HHA programs. We often teach HHA programs based on after the CNA program do Does this have to apply to that we submitted reprogram flex that we have to change anything in that space, what's the process for HHA program.

Paul: We are currently reviewing an ASL that will soon be released to address this. So once that goes out, we can go from there. But here are the probably in the next few days, and we hope to see that be released and the options that will be there for the home health programs.

Terry: Which include the 5000A, you know, as part of the flexibility as a standard part of the AFL. But yeah, it's not out yet.

John Cordova: I want to ask Two questions. First one. The question is, is there a possibility for a provisional certification for students to get working

Paul: And so we there's we don't have anything with that specific title, yet we're trying to see, you know, allowing students as the NA's to work and see how that works. And we can take a look at that again. But right now we don't have anything for provisional or any kind of provisional certificate

John Cordova: And how do we can do CPR BLS training for students in the programs.

Terry: I'm not sure what you mean that a lot of a lot of programs, encourage the CPR BLS but that's not a requirement at the NATP. I don't know what the question is. So…

John Cordova: Are they willing to take online training for CPR BLS trainings.

Terry: if they're a CNA they can you know they can get credit for continuing education. And that's one of the topics that as an IT CAN THEY CAN RECEIVE continuing education for