

**REQUEST FOR NURSE AIDE TRAINING AND COMPETENCY EVALUATION
PROGRAM CERTIFICATION**

REQUESTING ORGANIZATION OR FACILITY INFORMATION

Windward Community College, NATCEP Phone: 808-235-7304
Name of Organization/Facility

45-720 Keaahala Rd., Kaneohe, HI ZIP Code: 96744
Address (Street, City, State)

Name of Administrator: Jamle K. Boyd


Administrator's e-mail address: boydj@hawaii.edu

IF OTHER THAN ADMINISTRATOR, CURRICULUM INFORMATION SUBMITTED BY:

Name: n/a Title: _____



I certify that the curriculum information submitted is true and correct, and that subjects are designed to meet requirements for nurse aide training as delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987 and 1989(f).

Check this box if request is for a location using existing curriculum with no changes.

Signed: 
 Date: 12/7/22

===== (To be completed by the State) =====

- Program certification effective 2/18/2023, not to exceed 2/17/2025
- Conditions attached.
- Program not certified.
- Deficiencies attached.

Signed:  
 DHS/SSD Representative

Date: Dec 8, 2022