

Application for Certification as a Worker Organization to train Nursing Home Workers under MN Statutes 181.214

Your application will not be processed or will be delayed unless you complete all sections of this application. If you require additional space, use a separate piece of paper and attach.

Initial certifications are valid for two years, with the opportunity for two-year renewals. Initial applications are taken on a rolling basis and evaluated quarterly. Renewal period opens after updated standards take effect and will last 60 days, during which Certified Worker Organizations must apply for renewal if they wish to continue providing trainings.

Note: In seeking approval, the worker organization shall submit all required information, and other information the worker organization believes relevant, to the Nursing Home Workforce Standards Board (NHWSB) in the form or manner required by the Board. The NHWSB may request additional information necessary to determine an applicant's eligibility for approval or schedule interviews to clarify information submitted.

The NHWSB may withdraw its certification of a worker organization if the worker organization fails to enforce those representations made to the NHWSB in obtaining certification. If you have questions about this application, please contact the NHWSB's Executive Director. The Executive Director may examine parts of the application and answer questions related to eligibility.

Applicant information (write in ink or type) – Write legibly

Federal Employer Tax Number (FEIN) or Minnesota Tax ID (if applicable)

Legal Business Name

Telephone

Website

Physical Business Address (PO Box not acceptable), City, State, Zip

Public Mailing Address (PO Box acceptable), City, State, Zip

Contact Person, phone, email for person filling out the form.

Contact Person, phone, email for the training schedules moving forward

Establishing Eligibility

This section established the organization's ability to become a certified worker organization. Without meeting these criteria, the organization cannot be certified.

_____ **Certify that (organization name) meets the following criteria:**

(checkbox) Organization is exempt from federal income taxation under IRS code: (checkbox) 501(c)(3), 501(c)(4), 501 (c)(5)

(checkbox) Organization is not dominated or interfered with by any nursing home employer with the meaning of United states Code, Title 29, section 158a(2). Please provide a list of Board of Directors.

(checkbox) Organization has at least five years of demonstrated experience engaging with and advocating for nursing home workers. Please specify evidence of this experience and advocacy.

Data Policies

I am aware that our organization has responsibilities with the data obtained through this process. I affirm that:

- Our organization is responsible to ensure that the data we collect will be kept securely in accordance with applicable data security law.
- Any data shared with us by the employer will be kept securely and used only in accordance with MN Statutes 181.214, subdivision 5.
- We will share the names of the people who attend our training with the employer and their unique identification number, along with the length of the training to ensure that the employee is paid for their time up to one hour and the employer can certify that their employee has been trained.
- We will provide the attendees with a unique identifier that they completed the training, including the time, date and location of the training.
- We will notify the NHWSB if there is a data breach of any significant kind. Though as a worker organization, you are not necessarily subject to the Data Practices Act, for reference, more information on the definitions of data breach and notification can be found here [Data Breach Notification / Data Practices Office \(mn.gov\)](#) and here [Data Breach Notification / Data Practices Office \(mn.gov\)](#).
- We will accept PO Boxes from the Safe at Home program as legitimate addresses.
- We will share the lists of people who attended our trainings as needed with the NHWSB for the purpose of confirming their attendance and maintain records of who attended a training, including the date of that training for five years.

Curriculum Details

(checkbox) Our organization has reviewed the curriculum established by the board and will adhere to it.

(checkbox) I have attached a copy of the materials that we will use to conduct our trainings and they meet the curriculum.

(checkbox) I have attached a copy of the materials we will use that meet the follow up requirements, including an template certificate of completion.

(checkbox) Our trainings will be interactive and the materials we provide will demonstrate this. This should include one visual or digital item (such as a hand out or powerpoint) and one participatory period (such as question and answer or breakout groups).

(checkbox) Attached are details for how trainees will be able to contact us with follow up questions.

(checkbox) We will ensure all trainers are trained and skilled on the curriculum and background of the NHWSB.

(checkbox) Attached are copies our plan to ensure trainings are performed in languages that the nursing home workers are proficient in and that our follow up materials can be translated as needed. .

(checkbox) Our organization understands that there will be annual updates to the curriculum and that we will update our materials to be in compliance.

Statements of agreement

If approved, the applicant for Nursing Home Workforce Standards Board approval as a certified worker organization hereby agrees to the following:

Appropriately staff trainings in order to be effective and interactive on the established curriculum.

Provide certification of the training in a manner prescribed by the Board for the individuals completing the training.

Provide a list of workers who completed the training to the Nursing Home employer, and the NHWSB if requested.

Our Organization and availability will be shared with Nursing Home employers in order to schedule trainings on site or in the geographic area.

Self-report to the NHWSB any violations of rules or breaches of data.

Be subject to immediate rescission of Certification to train Nursing Home workers on NHWSB standards in the state of Minnesota upon a determination that the organization was in non-compliance with these criteria and other criteria without limitation.

Enable a NHWSB representative to visit, attend, investigate and audit, as the NHWSB deems necessary, any training, and any activity related hereto without limitation.

Notify the NHWSB in writing of any changes, revisions or updates to the organizations rules, policies and procedures affecting the trainings.

Notify the NHWSB if your organization will no longer provide worker trainings. Such notification must include any currently scheduled trainings that your organization will no longer provide. Additionally, the organization must send certifications to each worker who has already been trained and send any remaining attendee lists not already shared to the Nursing Home employer and NHWSB.

Assessing Capacity

The NHWSB needs to know the organization's capacity in order to assist nursing home employers in knowing who to contact to schedule trainings and also to assess the ability to train all workers. There is no minimum capacity that an organization must meet in order to be certified, but the NHWSB expects and will evaluate the organization's capacity to carry out the number and type of trainings that are committed to below. Deliberately falsifying capacity can result in revocation of certification.

Organizations must be available for follow up questions and able to provide instruction in languages that workers speak. Please indicate the following:

Number of people your organization can train given that each person will need at least a one hour training every two years and the organization will need to be reasonably available for follow up inquiries during and after the training:

of people in a year

of people per month

What is the capacity your organization has to hold the following trainings per month:

of Buildings, assuming each building will need 1-3 trainings.

of In person meetings/trainings

of virtual trainings

Languages your organization can train in:

Geographic locations that your organization can cover:

Whole State

Twin Cities 7 county Metro

Northern Minnesota

Western Minnesota

Southern Minnesota

Other _____

Are you able to provide a virtual option?

If so, what applications do you use? (drop down- zoom, teams, Webex, other)

How many people can you train at one time?

Our organization is available to train during:

1st shift

2nd Shift

3rd Shift

What is your plan to staff these trainings? (Attach separately if more space is needed)

Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 181.211 to 181.217 and the rules promulgated thereunder, the Nursing Home Workforce Standards Board may deny, revoke, suspend or limit this certification if I knowingly and willfully made a false statement or provided false documentation in this application or are unable to carry out trainings in the manner dictated by the Board. I declare that all statements and documentation provided with this application are true and correct.

Applicant's signature

_____ (organization) _____ (Job title) _____

Date (month/day/year)

_____ contact information