

# Application for certification as a worker organization to train nursing home workers under Minn. Stat. 181.214

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

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. The 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 training.

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. NHWSB may request additional information necessary to determine an applicant's eligibility for approval or schedule interviews to clarify information submitted.

NHWSB may withdraw its certification of a worker organization if the worker organization fails to enforce those representations made to NHWSB in obtaining certification. If you have questions about this application, contact the NHWSB 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 I.D. (if applicable)

Legal business name

Telephone

Website

Physical business address (P.O. box not acceptable), city, state, ZIP code

Public mailing address (P.O. box acceptable), city, state, ZIP code

Contact person, phone number, email address for person completing the form

Contact person, phone number, email address for the training schedules moving forward

## Establishing eligibility

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

I, \_\_\_\_\_ (contact name), certify \_\_\_\_\_ (organization name) meets the following criteria:

- ☐ Organization is exempt from federal income taxation under IRS code (check box) 501(c)(3), 501(c)(4) or 501 (c)(5).
- ☐ Organization is not dominated or interfered with by any nursing home employer with the meaning of U.S. Code, Title 29, section 158a (2). **Provide a list of the board of directors.**
- ☐ Organization has at least five years of demonstrated experience engaging with and advocating for nursing home workers. **Specify evidence of this experience and advocacy.**

## Data policies

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

- ☐ Our organization is responsible to ensure 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 Minn. Stat. 181.214, subd. 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 the employee is paid for their time up to one hour and the employer can certify 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 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 about the definitions of a data breach and notification can be found online in [Data Breach Notification Definitions](https://mn.gov/admin/data-practices/data/warnings/breaches) (mn.gov/admin/data-practices/data/warnings/breaches) and [Data Breach Security Assessment](https://mn.gov/admin/data-practices/data/warnings/breaches/assessment) (mn.gov/admin/data-practices/data/warnings/breaches/assessment).
- ☐ We will accept P.O. box addresses from the Safe at Home program as legitimate addresses.
- ☐ We will share the lists of people who attended our training, as needed, with 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

- ☐ Our organization has reviewed the curriculum established by the board and will adhere to it.
- ☐ I have attached a copy of the materials we will use to conduct our training and they meet the curriculum.
- ☐ I have attached a copy of the materials we will use that meet the follow-up requirements, including a template certificate of completion.
- ☐ Our training will be interactive and the materials we provide will demonstrate this. This should include one visual or digital item (such as a handout or PowerPoint presentation) and one participatory period (such as question and answer or breakout groups).
- ☐ Attached are details for how trainees will be able to contact us with follow-up questions.
- ☐ We will ensure all trainers are trained about and skilled on the curriculum and background of NHWSB.

- ☐ Attached are copies of our plan to ensure training is performed in languages the nursing home workers are proficient in and that our follow-up materials can be translated as needed.
- ☐ Our organization understands there will be annual updates to the curriculum and we will update our materials to be in compliance.

## Statements of agreement

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

- Appropriately train staff 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 NHWSB, if requested.
- Our organization and availability will be shared with nursing home employers to schedule training on site or in the geographic area.
- Self-report to NHWSB any violations of rules or breaches of data.
- Be subject to immediate rescission of certification to train nursing home workers about NHWSB standards in the state of Minnesota upon a determination the organization was in noncompliance with these criteria and other criteria without limitation.
- Enable a NHWSB representative to visit, attend, investigate and audit, as NHWSB deems necessary, any training and any activity related hereto without limitation.
- Notify NHWSB in writing of any changes, revisions or updates to the organizations rules, policies and procedures affecting the trainings.

Notify NHWSB if your organization will no longer provide worker training. Such notification must include any currently scheduled training 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 Nursing Home Workforce Standards Board needs to know the organization's capacity to assist nursing home employers in knowing who to contact to schedule training and also to assess the ability to train all workers. This information will also allow NHWSB to keep an updated list on its webpage. There is no minimum capacity an organization must meet to be certified, but NHWSB expects and will evaluate the organization's capacity to carry out the number and type of training sessions that are committed to below. Deliberately falsifying capacity can result in revocation of certification.

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

The number of staff hours your organization can dedicate to training and/or any plans for how to provide training: \_\_\_\_\_.

The capacity of your organization to have the following trainings each month:

- the number of buildings, assuming each building will need one to three training sessions – \_\_\_\_\_;
- the number of in-person meetings and training sessions – \_\_\_\_\_; and
- the number of virtual training sessions – \_\_\_\_\_.

The languages your organization can train in: \_\_\_\_\_.

The geographic locations your organization can cover (select all that apply):

- whole state;
- Twin Cities seven-county metropolitan area;
- northern Minnesota;
- western Minnesota;
- southern Minnesota; and
- other – \_\_\_\_\_.

Are you able to provide a virtual option? \_\_ Yes \_\_ No

- If so, what applications do you use (drop-down menu with Teams, Webex, Zoom, other)

The number of people your organization can train at one time – \_\_\_\_\_.

Your organization is available to train during:

- ☐ first shift;
- ☐ second shift; or
- ☐ third shift.

The plan to staff these training sessions is: \_\_\_\_\_ (attach a separate sheet 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

Date (month/day/year)

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\_\_\_\_\_  
**(Organization)**      \_\_\_\_\_  
**(Job title)**      \_\_\_\_\_  
**(Contact information)**