

ISDH QMA 40 Hour Practicum Agreement Between Lightstone and Student's Facility



Student's Name: _____ Class Date: _____

(Facility Name and ISDH Facility Number are required)

is an approved site for conducting the ISDH QMA 40 Hour Practicum **under the direct supervision of a designated licensed nurse at the student's above-named facility - the student must perform these 50 procedures with 100% accuracy.**

The student needs written permission from the Director of Nursing or designee that allows the QMA student to complete the 40 hour practicum requirement at their facility. **This is mandated by Nancy Adams, RN, Director of Program Performance & Development @ the Indiana State Department of Health.** She states the QMA student **MUST** perform as many procedures that are available in the **ENTIRE** facility. The practicum is their hands-on experience to complete the 100-hour ISDH QMA Program. Please contact Lightstone for any clarifications or questions regarding this.

Facility Contact Name: _____ Email _____ Phone: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I ACCEPT AND AGREE TO CONTACT Lightstone IF THE STUDENT IS NOT ABLE TO COMPLETE THE COMPETENCIES TRAINING AT THIS FACILITY. PLEASE NOTIFY US ASAP AT OFFICE.LAFAYETTE@LIGHTSTONEEDUCATION.COM

Signature of Director of Nursing or Administration Date

Printed Name and Title (Director of Nursing or Administrator)

RESQ Representative Signature

Tesha Hardy, MSN, RN

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