

# Core Competency Curriculum Cover Sheet for Administrative Rule 432-270

*Must be included with submission of all curriculum*



Date:

Facility Name:

Facility Contact:

1. Please describe the core competency education curriculum you plan to use.

This is an online course that goes through each section required for the core competency. It is self paced and includes a certificate at the end.

2. What are the strengths of the curriculum?

3. Select the section(s) of the curriculum that address each core competency. Describe how it is being met.

1  Communication

Communication section section 1-

2  Person Centered Care Principles & Practices

Person Centered care Principals and practices-  
section. 2

3  Observation

Observation- section 3

4  Crisis Prevention & Intervention

Crisis prevention and intervention- section 4

5  Safety

Safety- section 5

6  Professionalism & Ethics

Professionalism and ethics- section 6

7  Empowerment, Advocacy & Resident's Rights

Empowerment, advocacy, and resident rights- section  
7

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- |    |   |   |
|----|---|---|
| 8  | <input checked="" type="checkbox"/> Health & Wellness                         | Health and wellness- section 8                          |
| 9  | <input checked="" type="checkbox"/> Community Living skills & Supports        | Community living skills and supports- section 9         |
| 10 | <input checked="" type="checkbox"/> Cultural Competency & Community Inclusion | Cultural Competency and Community inclusion- Section 10 |
| 11 | <input checked="" type="checkbox"/> Dementia Care Competencies                | Dementia Care- section 11                               |
| 12 | <input checked="" type="checkbox"/> Training & Self-Development               | Training and self development- section 12               |

4. How will the curriculum be delivered?

- Self-study                      In- Person:    Group    Individual                       Presentation
- Online Program                       Other:

5. What is the title of the employee(s) who will be delivering the training?

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6. What type of employee(s) will receive the education?

all direct care workers

7. Is there a document or certification to show completion?    Yes    No

Please include the following with submission:

- Any PowerPoint materials including the education language and notes for presenter
- If you are using an existing program please include:
  - » Name of company
  - » Which training is being used
  - » Specific sections of training being used
- Contact information
- All sources must be cited

***Please email [healthyaging@utah.gov](mailto:healthyaging@utah.gov) or call 801-538-6490 with questions***