



Guidelines: CNA to LVN

Pilot Effective: January 1, 2006
Guidelines Effective: August 31, 2009

Revision History: **1/26/2026** Summary: perform general clean-up for grammar/etc, remove floating reference to productive lab, have reimbursement requirements match larger ETP reimbursement schedule. **02/22/2019** Summary: Revise guidelines to remove PL limitation on training hours. **03/02/2016** Summary: Clarifies the minimum and maximum number of training hours is between 8 and 750. Retraitees may exceed the 750-hour cap with an approved justification for this and other programs. Also noted, for the Productive Laboratory delivery method the maximum training hours are capped at 60 (24 for Small Business). **08/10/2015** Summary: Governor Brown signed AB1270 changing the name of the California Workforce Investment Board (CWIB) to California Workforce Development Board (CWDB). All CWIB citations have been updated to reflect this name change. Revision History: **09/01/2009** Summary: Moved from Pilot to Guidelines, and revised the *Background* section accordingly. **01/15/2009** Summary: Standardized Pilot templates with standardized main headings, added new logo, removed standard ETP criteria, and added note that AB2570 eliminated cap on 5 programs.

These are guidelines only. If a proposal raises the need for further modifications, that will be accomplished on a case-by-case basis with direction from Executive Staff. **Unless modified by these guidelines, all other program criteria apply**

CNA = Certified Nurse Assistant
LVN = Licensed Vocational Nurse

BACKGROUND

On January 1, 2006, ETP launched a pilot program aimed at addressing California's critical nursing shortage. The intent of the program was to encourage growth in the nursing sector by increasing advancement opportunities and job security through training provided to employed CNAs and caregivers. Initially, the Panel was authorized to fund up to five licensed nurse training programs for individuals who were actively working as certified nurse assistants (CNA) or caregivers in a for-profit, health facility, and who were concurrently enrolled in accredited nurse training programs to become Licensed Vocational Nurses (LVN).

Effective January 1, 2009, Assembly Bill 2570 (AB 2570) eliminated the cap on five programs. Since trainees upgrade from the occupation of CNA or caregiver to LVN, the

projects are classified as *job creation*, and are funded under the Panel's *Economic Development* funding category (project code 687).

ELIGIBILITY

Various contracting scenarios are possible. For example:

- A single employer (i.e. a hospital) might be the contractor, provide the training directly, and employ trainees during and after training/retention, or,
- An eligible contracting entity (i.e. a California Workforce Development Board (CWDB) might be the contractor, subcontract training to a qualified provider (i.e. a community college); and, participating employers (i.e. hospitals) employ trainees during and after training/retention.
- **Training Provider:** Nurse training programs are typically provided by community colleges, adult education, private schools, and hospitals. The California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) oversees the accreditation of vocational nurse and psychiatric technician schools, including approval of faculty and facilities statewide. The BVNPT assigns “accredited” status to a nurse program meeting all regulatory requirements. (An accredited nurse training program may temporarily be assigned “provisional” status denoting test scores below the state average for program graduates. A program is then removed from provisional status after test scores are raised.) To qualify for ETP funding, a nurse training program must be accredited (or have provisional status). See BVNPT website www.bvnpt.ca.gov , “California Accredited Schools” for a list of all accredited nurse training programs in the state.
- **Participating Employers:**
 - Must be subject to the Employment Training Tax, per UI Code, Section 10201(b).
 - Must meet the definition of a health facility as defined in the Health and Safety Code, Section 1250. In summary, a health facility is a facility that operates for the diagnosis, care, prevention, and treatment of human illness (physical or mental), including convalescence, and rehabilitation - to 1 or more persons who are admitted for a 24-hour stay or longer.
 - Are not required to meet the Panel’s out-of-state competition eligibility requirements set forth in UI Code, Section 10200(1).

However, all participating employers must complete an on-line certification statement form designed specifically for these nurse training projects, named the 100G. The ETP100G form captures minimal eligibility information (i.e. company name, address, CEAN, union information).

- **Trainee:**
 - Must be employed at the start of ETP-funded training by a for-profit hospital.
 - Must be employed as a CNA or caregiver. (CNA are certified positions. Caregivers are not certified positions. For ETP purposes, both certified and non-certified classifications are acceptable for individuals participating in ETP-funded nurse training.)

- Must be enrolled in an accredited licensed nurse training program with an eligible employer, and have completed the first 800 hours of the training program prior to participating in ETP-funded training.

Training Hours

After trainee completes 800 hours of a nurse training program, the Panel may fund a minimum of 8 hours to a maximum of 750 hours of the remaining program. (The minimum hour requirement for LVN training is 1,530 hours, thus, the Panel may essentially fund the last half of the training program.) An approved justification is required to exceed the maximum training hours.

Training Delivery

- **Trainer-to-Trainee Ratio:** Clinical nurse training must be provided at the trainer-to-trainee ratio authorized by the BVNPT, which is 1:15. There is no specific ratio for classroom training. (Note: It is customary to provide nurse training in a class setting at a rate of 1: 30-40.)

Curriculum

Per the BVNPT, an LVN provides basic bedside nursing care to clients under the direction of a physician or registered nurse. The LVN utilizes scientific and technical expertise and manual skills.

Duties within the scope of practice of an LVN typically include, but are not limited to:

- provision of basic hygienic and nursing care;
- measurement of vital signs;
- basic client assessment;
- documentation;
- performance of prescribed medical treatments;
- administration of prescribed medications; and
- performance of non-medicated intravenous therapy and blood withdrawal.

The LVN is commonly employed at acute medical/surgical hospitals; convalescent hospitals (long term care, skilled nursing); outpatient clinics; doctor's offices; and psychiatric hospitals.

All accredited licensed vocational nurse training programs consist of at least 1,530 training hours: 576 hours theory (including 54 hours of Pharmacology) and 954 clinical hours. At a minimum, all programs must include the following courses:

- Anatomy & Physiology
- Nursing Process
- Nutrition
- Maternity Nursing
- Medical/Surgical Nursing
- Leadership
- Psychology
- Communication
- Normal Growth and Development
- Nursing Fundamentals

- Gerontological Nursing
- Communicable Disease including Human Immunodeficiency Virus
- Pharmacology
- Patient Education
- Rehabilitation Nursing
- Pediatric Nursing
- Supervision

Retention Requirements

After a trainee graduates from a nurse training program, the process for obtaining a vocational nurse license can take up to 20 weeks as follows:

1. Applicant applies to take a vocational nurse licensure examination (NCLEX) administered by the National Council for State Boards of Nursing, Inc.
2. Applicant receives approval to take the NCLEX exam.
3. Applicant takes the NCLEX exam.
4. Applicant is notified of exam results via mail.
5. If applicant fails exam, they may retake the test as many times as necessary to pass. If applicant passes the NCLEX, they forward exam results with an application for a license to the BVNPT.
6. Once the BVNPT receives and accepts the application for a license, the applicant name is posted on a web-site listing, authorizing applicant to begin working as an LVN while a license is being processed.
7. License is mailed to applicant.

An applicant is authorized to begin working as an LVN as soon as the BVNPT accepts and begins processing the person's application for a vocational nurse license. Therefore, for ETP purposes, retention may begin as soon as the ETP trainee is authorized to work as an LVN. (It's not necessary for the license to have been issued by BVNPT)

Due to the nature of the LVN licensing process, it is understood that there will be a gap between the time that a trainee completes ETP training and begins the ETP retention period.

For retention, trainee must be employed at least 35 hours per week with a single employer for a period of at least 90 consecutive days, or 500 hours within 150 calendar days with multiple employers.

Wage

- **Trainee:** The LVN minimum wage requirement is the prevailing entry-level LVN wage customary for the employer; but, in no case shall it be less than the ETP Minimum Wage for new hires (exclusive of health benefits).

The Panel shall waive this requirement, if the following conditions are met:

1. Trainee earns at least 120% of the State minimum wage for at least the first 20 hours of work per week, during each week the trainee is enrolled in training; and,
2. Training results in full-time employment customary for LVNs, with trainee earning at least the prevailing entry-level LVN wage customary for the

employer and commensurate with wages in the area.

Reimbursement

Nurse training will be reimbursed per ETP's standard fixed-fee rate for retraining, as applicable for single or multiple employers.

Support Costs: do not generally apply for MEC nurse training projects. Given that trainees must be enrolled in a nurse program and employed prior to the start of ETP training, participating employers will be identified during project development, thus eliminating the need for recruitment activities and support costs. However, should a circumstance arise where a contractor will engage in recruitment activities and can justify the need, support costs may be negotiated during project development.

- Employers may not charge trainees to participate in any portion of ETP-funded training.