# APPENDIX B

**PERSONAL CARE AIDE TRAINING PROGRAM APPLICATION DAILY TRAINING SCHEDULE**

NAME OF AGENCY:

Please complete the Daily Training Program Schedule for your proposed Personal Care Aide Training Program. Reference the content of the Personal Care Aide Training Program modules/units and administration of written and [required and optional] skills performance evaluations. Additional topics may be included in the training, but must be in addition to the minimum 40-hour requirement and may not be substituted for required topics. Identify on the schedule the time allocated for each training topic, breaks and meals, quizzes or tests, and skills performance evaluations. Also indicate the day that the certificate of completion are distributed to the trainees.

**DIRECTIONS**: Under ***Time of Day*** indicate the beginning and ending time of the training topic. Under ***Topic*** identify the training topic. Examples would be: 10:00am–11:00am Module II-A Understanding Basic Human Needs; 12:00–12:30 Lunch; 3:00–3:30 Quiz-Module X- ABCD. You may utilize this format or your own format as long as the required information is present. Use additional sheets as required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 |
| Time of Day Topic | Time of Day Topic | Time of Day Topic | Time of Day Topic | Time of Day Topic |
| DAY 6 | DAY 7 | DAY 8 | DAY 9 | DAY10 |
| Time of Day Topic | Time of Day Topic | Time of Day Topic | Time of Day Topic | Time of Day Topic |