

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**THE GEORGIA DEPARTMENT OF EDUCATION**  
**AND**  
**THE TECHNICAL COLLEGE SYSTEM OF GEORGIA**  
**REGARDING**  
***ARTICULATED CREDIT FOR***  
***THE PATIENT CARE TECHINICIAN PROGRAM***

This Memorandum of Understanding (“MOU” or “Agreement”) is made and entered into by and between the Georgia Department of Education (“GaDOE”) and the Technical College System of Georgia (“TCSG”) (individually a “Party” and collectively as the “Parties”) regarding the Articulation of Credit Agreement for the Patient Care Technician Program (“Initiative”).

**WHEREAS** the purpose of the Initiative is to provide students with the opportunity to receive specified college credit as a result of the successful completion of specified high school courses taken in a pathway and an external assessment or credential; and

**WHEREAS** this Initiative will allow students to receive credentialing in the specified field more quickly and without duplication of coursework between high school and college curriculum; and

**WHEREAS** GaDOE and TCSG are the primary providers of these curricula, articulation between the two agencies will facilitate the goals of the Initiative.

**NOW, THEREFORE**, inconsideration of the mutual promises exchanged herein, the Parties, with acknowledgement that the policies for awarding credit vary from one technical college to another and is within the sole discretion of the technical college, hereby agree as follows:

1. TCSG agrees that colleges, upon the evaluation of a student’s coursework and assessments, may award coursework for the following courses:
  - A. Introduction to Health Care (ALHS 1040), provided that the enrolling student has successfully completed the following:
    - I. Three (3) GaDOE Health Science courses with a final grade of “C” or better

<b>GaDOE Health Science Course Number</b>	<b>GaDOE Health Science Course Name</b>
25.52100	Introduction to Health Care Science
25.44000	Essentials of Healthcare
25.43600	Patient Care Fundamentals

II. CPR Certification with a passing score through one of the following:

The American Heart Association
The American Red Cross
Any other national CPR accrediting agency

B. Nurse Aide Fundamentals (NAST 1100), provided that the enrolling student has successfully completed the following:

I. Criteria AI and AII (SEE above) **AND**

II. The Georgia Nurse Aide Certification Exam with a passing score.

2. The Parties agree that they shall safeguard the confidentiality of student data as required by the Federal Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g, 34 C.F.R. § 99.33(a)) and all other applicable laws and regulations.

3. The Parties acknowledge and agree that neither Party shall be responsible for any loss, injury, or other damage to the person or property of anyone participating in the Initiative unless such loss, injury, or damage results from the negligence or willful conduct of that party, its agents, officers, or employees.

4. This relationship is intended solely for the mutual benefit of the parties hereto, and there is no intention, express or otherwise, to create any rights or interest for any party or person other than the parties; without limiting the generality of the forgoing, no rights are intended to be created for any student, parent, or guardian of any student, spouse, next of kin, employer, or prospective employer of any participant of the Initiative.

5. Each Party shall designate a single point of contact to address and resolve any issues or concerns with anything related to this Agreement. Each Party shall notify the other party in writing within fourteen (14) calendar days of any change of the point of contact. The following individuals are designated by their respective Party as the initial point of contact:

**GaDOE:**

Barbara M. Wall, Ed.D.  
Director of Career, Technical, and Agricultural Education  
Suite 2053 Twin Towers East  
205 Jesse Hill, Jr. Drive  
Atlanta, Georgia 30334  
Cell: 404-387-1666  
[bwall@doe.k12.ga.us](mailto:bwall@doe.k12.ga.us)

**TCSG:**

Name  
Title  
Street Address  
City  
Phone #  
Email address

6. This Agreement shall become effective upon date of last signature and shall end on August 23, 2022.
7. The Parties may renew this Agreement with a mutually signed written agreement for successive one (1) year terms up to four (4) additional years.
8. The terms and conditions of this Agreement shall be periodically reviewed by the Parties. Each Party agrees to inform the other regarding curriculum or assessment changes that may impact the terms of this Agreement.
9. No modifications or alterations of this Agreement will be valid or effective unless each modification or alteration is made as an Amendment to the Agreement and signed by both parties.
10. This Agreement may be terminated by either Party without reason or cause by providing to the other party written notice not less than thirty (30) calendar days in advance of the desired termination date.
11. Each party represents that there is no litigation or proceeding pending, or to its knowledge, threatened against it having a material adverse effect on the right of the Party to secure this Agreement or the ability of the Party to comply with any of its obligations under this Agreement.
12. No Party will be deemed to have waived any provisions of this Agreement unless such waiver is made explicit in writing and signed by the Party waiving such provision. No waiver shall be deemed to be a continuing waiver unless so stated in writing.
13. This Agreement shall not be assigned or transferred unless consented to in writing by the Department.
14. If any provision of the Agreement is determined to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Agreement. Further, if any provision of the Agreement is determined to be unenforceable by virtue of its scope but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law.

15. This Agreement shall be governed by, construed, and applied in accordance with the laws of the State of Georgia. Any action brought by one Party to this Agreement against the other shall be brought in the Superior Court of Fulton County.

16. This Agreement may be executed in one or more counterparts which, when taken together, will constitute one agreement. Copies of this Agreement will be equally binding as originals and faxed or scanned and emailed counterpart signatures will be sufficient to evidence execution.

**IN WITNESS WHEREOF**, the parties state and affirm that they are duly authorized to bind the respected entities designated below as of the day and year indicated.

**GEORGIA DEPARTMENT OF EDUCATION**

\_\_\_\_\_  
MATT JONES, Chief of Staff and Designee

\_\_\_\_\_  
Date

**TECHNICAL COLLEGE SYSTEM OF GEORGIA**

\_\_\_\_\_  
GREG DOZIER, Commissioner

\_\_\_\_\_  
Date

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

Information	
Pathway Name	Patient Care Pathway
TCSG Technical Certificate of Credit	
Credentials of Value	

Alignment Analysis			
<b>ALHS 1040 – Introduction to Health Care (version 201003L)</b>	<b>GADOE Courses</b>		
	Introduction to Healthcare Science – 25.52100	Essentials of Healthcare – 25.44000	Patient Care Fundamentals – 25.43600
<b>Infection control/blood and airborne pathogens</b>			
<ul style="list-style-type: none"> <li>• Differentiate the roles, standards, and guidelines for the following agencies: Center for Disease Control and Prevention (CDC); Occupational Health and Safety Administration (OSHA); and Federal Drug Administration (FDA).</li> </ul>	HS-IHS-2.5, 9.5		
<ul style="list-style-type: none"> <li>• Describe the characteristics of each link of the infection chain.</li> </ul>	HS-IHS-9.4		
<ul style="list-style-type: none"> <li>• Define blood/air-borne pathogens.</li> </ul>	(ADD element) (include air-borne, contact, droplet)		
<ul style="list-style-type: none"> <li>• Identify exposure risks related to health occupations.</li> </ul>	HS-IHS-2.1, 2.7, 9.2		
<ul style="list-style-type: none"> <li>• Demonstrate pre and post exposure precautions to include handwashing, gloving (sterile/nonsterile, Personal Protective Equipment (PPE),</li> </ul>	HS-IHS-2.7, 9.2, 9.5 (ADD pre/post) (ADD handwashing & gloving/sterile/non to PPE)		HS-PCF-10.1, 10.4 HS-PCF-10.2 (ADD pre/post) HS-PCF-10.4 (ADD gloving - NON/Sterile)

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

<ul style="list-style-type: none"> <li>Describe causative agent, symptoms, occurrence, reservoir, mode of transmission, incubation period, period of communicability, prevention and control measures of the following diseases: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, all types of Hepatitis (A,B,C,), Tuberculosis, Meningitis, antibiotic resistant microbes and Herpes Viruses.</li> </ul>	<p style="text-align: center;">HS-IHS-9.4 (ADD TCSG examples and incubation period, period of communicability)</p>		
<ul style="list-style-type: none"> <li>Differentiate forms of immunity.</li> </ul>	<p style="text-align: center;">(ADD element)</p>		
<b>Vital Signs</b>			
<ul style="list-style-type: none"> <li>Demonstrate proficiency in obtaining and documenting blood pressure, temperature, pulse, respiration, weight and height.</li> </ul>		<p style="text-align: center;">HS-EHS-3.6, 4.9, 5.7, 11.8</p>	<p style="text-align: center;">HS-PCF-13.1 (ADD listed vitals), 13.2</p>
<ul style="list-style-type: none"> <li>Describe factors that affect vital signs including normal and abnormal values.</li> </ul>		<p style="text-align: center;">HS-EHS-3.6, 4.9, 5.7, 11.8 (ADD factors that affect and normal/abnormal)</p>	<p style="text-align: center;">HS-PCF-13.1, 13.2 (ADD factors that affect and normal/abnormal)</p>
<b>Basic emergency care/first aid and triage</b>			
<ul style="list-style-type: none"> <li>A course from an accredited agency (American Safety and Health Institute, American Heart Association, American Red Cross) leading to certification in First Aid is acceptable in lieu of the following recommended outline.</li> </ul>	<p style="text-align: center;">HS-IHS-10.4</p>		<p style="text-align: center;">HS-PCF-9.10</p>
<ul style="list-style-type: none"> <li>Perform initial assessment.</li> </ul>	<p style="text-align: center;">(add to 10.4 as examples to be met)</p>		<p style="text-align: center;">(add to 9.10 as examples to be met)</p>
<ul style="list-style-type: none"> <li>Demonstrate various techniques for control of bleeding.</li> </ul>	<p style="text-align: center;">(add to 10.4 as examples to be met)</p>		<p style="text-align: center;">(add to 9.10 as examples to be met)</p>
<ul style="list-style-type: none"> <li>Describe first aid for various types of shock.</li> </ul>	<p style="text-align: center;">(add to 10.4 as examples to be met)</p>		<p style="text-align: center;">(add to 9.10 as examples to be met)</p>
<ul style="list-style-type: none"> <li>Apply bandages and splints.</li> </ul>	<p style="text-align: center;">(add to 10.4 as examples to be met)</p>		<p style="text-align: center;">(add to 9.10 as examples to be met)</p>

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

<ul style="list-style-type: none"> <li>Describe assessment and treatment of burns, poisoning, seizures, insectstings/bites, heat and cold exposure, syncope.</li> </ul>	(add to 10.4 as examples to be met)		(add to 9.10 as examples to be met)
<b>Basic life support/CPR</b>			
<ul style="list-style-type: none"> <li>Acquire certification in CPR for Healthcare Providers (including 2 person CPR) by a certified instructor from the American Heart Association or any national association accepted throughout the healthcare profession.</li> </ul>	HS-IHS-10.4		HS-PCF-9.10

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

Information	
Pathway Name	Patient Care Pathway
TCSG Technical Certificate of Credit	
Credentials of Value	

Alignment Analysis			
<b>NAST 1100 – Nurse Aide Fundamentals (version 202112L)</b>	<b>GADOE Courses</b>		
	Introduction to Healthcare Science – 25.52100	Essentials of Healthcare – 25.44000	Patient Care Fundamentals – 25.43600
<b>Role and Responsibility of the Nurse Aide</b>			
<ul style="list-style-type: none"> <li>• Discuss communication and interpersonal skills including stress management and chain of command.</li> </ul>	HS-IHS-1, 4, & 7		HS-PCF-3.5, 3.9, 5, 7, 11
<ul style="list-style-type: none"> <li>• Discuss infection control.</li> </ul>	HS-IHS-9		HS-PCF-10
<ul style="list-style-type: none"> <li>• Discuss standard &amp; transmission-based precautions.</li> </ul>	HS-IHS-9.2, 9.5		HS-PCF-10
<ul style="list-style-type: none"> <li>• Demonstrate donning and doffing of PPE, and safety measures.</li> </ul>	HS-IHS- 2, 9.2, 9.5		HS-PCF-10
<ul style="list-style-type: none"> <li>• Discuss safety/emergency/FBAO/Body Mechanics.</li> </ul>	HS-IHS-2, 10		HS-PCF-9
<ul style="list-style-type: none"> <li>• Discuss promoting residents' independence.</li> </ul>			HS-PCF-14.2
<ul style="list-style-type: none"> <li>• Discuss respecting residents' rights.</li> </ul>	HS-IHS-6.2 (patients/residents)		HS-PCF-14
<ul style="list-style-type: none"> <li>• Discuss legal/ethical behavior and scope of practice.</li> </ul>	HS-IHS-6 (Add element)		HS-PCF-8
<ul style="list-style-type: none"> <li>• Discuss the role of the nurse aide.</li> </ul>			HS-PCF-11, 13, 15
<ul style="list-style-type: none"> <li>• Discuss the scope of practice of the nurse aide.</li> </ul>			HS-PCF-8
<b>Basic Nursing Skills</b>			
<ul style="list-style-type: none"> <li>• Review documentation and care plans and the Nurse Aide role and responsibility.</li> </ul>			HS-PCF-6 (Add care plan) HS-PCF-8.6, 12.10
<ul style="list-style-type: none"> <li>• Perform and record vital signs &amp; vital sign parameters.</li> </ul>		HS-EHS-3.6, 4.9, 5.7, 11.8	HS-PCF-13.1

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<ul style="list-style-type: none"> <li>• Perform measuring &amp; recording height and weight.</li> </ul>		HS-EHS-11.8	HS-PCF-13.2
<ul style="list-style-type: none"> <li>• Discuss and demonstrate the caring of the residents' environment.</li> </ul>			HS-PCF-13.3
<ul style="list-style-type: none"> <li>• Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor:             <ul style="list-style-type: none"> <li>○ A. Shortness of breath</li> <li>○ B. Rapid respiration</li> <li>○ C. Fever</li> <li>○ D. Coughs</li> <li>○ E. Chills</li> <li>○ F. Pains in chest</li> <li>○ G. Blue color to lips</li> <li>○ H. Pain in abdomen</li> <li>○ I. Nausea</li> <li>○ J. Vomiting</li> <li>○ K. Drowsiness</li> <li>○ L. Excessive thirst</li> <li>○ M. Sweating</li> <li>○ N. Pus</li> <li>○ O. Blood or sediment in urine</li> <li>○ P. Difficulty urinating</li> <li>○ Q. Frequent urination in small amounts</li> <li>○ R. Pain or burning on urination.</li> <li>○ S. Urine has dark color or strong odor</li> <li>○ T. Behavioral change</li> <li>○ U. Talks or communicates less</li> <li>○ V. Physical appearance/mental health changes</li> <li>○ W. Participated less in activities or refused to attend.</li> <li>○ X. Eating less</li> <li>○ Y. Drinking less</li> <li>○ Z. Weight change</li> <li>○ AA. Appears more agitated/nervous.</li> <li>○ BB. Appears tired, weak, confused, or drowsy.</li> </ul> </li> </ul>			HS-PCF-13.4

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<ul style="list-style-type: none"> <li>○ CC. Change in skin color or condition</li> <li>○ DD. Requires more assistance with dressing, toileting, transfers.</li> </ul>			
<ul style="list-style-type: none"> <li>● Recognize the signs &amp; symptoms of pain.</li> </ul>			HS-PCF-13 (ADD element)
<ul style="list-style-type: none"> <li>● Report pain to supervisor.</li> </ul>			HS-PCF-13.4 (ADD including pain)
<ul style="list-style-type: none"> <li>● Discuss the care of a resident when death is imminent and post-mortem care.</li> </ul>			HS-PCF-8.6, 13.9
<b>Personal Care Skills, including but not limited to</b>			
<ul style="list-style-type: none"> <li>● Demonstrate the following personal care skills and achieve proficiency,               <ul style="list-style-type: none"> <li>○ A. Bathing (to include observation for pressure ulcers)</li> <li>○ B. Grooming, including mouth care.</li> <li>○ C. Dressing</li> <li>○ D. Toileting, including incontinence care for female and males (to include the basic care and observation of ostomy)</li> <li>○ E. Assisting with eating and hydration</li> <li>○ F. Proper feeding techniques</li> <li>○ G. Skin-care to include observation for pressure ulcers and skin tears</li> <li>○ H. Transfers, positioning and turning (to include observation for pressure ulcers)</li> </ul> </li> </ul>			HS-PCF-9.7, 12, 14.6
<ul style="list-style-type: none"> <li>● Review specimen collection process.</li> </ul>			HS-PCF-13.7 (ADD verbiage)
<ul style="list-style-type: none"> <li>● Demonstrate proficiency in the oral care for the conscious &amp; unconscious resident.</li> </ul>			HS-PCF-12.4
<ul style="list-style-type: none"> <li>● Demonstrate proficiency in the denture care.</li> </ul>			HS-PCF-12.4
<b>Mental Health and Social Service Needs</b>			

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

<ul style="list-style-type: none"> <li>• Demonstrate the ability to recognize and respond to changes in resident's behavior including depression &amp; anxiety.</li> </ul>			HS-PCF-6
<ul style="list-style-type: none"> <li>• Discuss the response to changes in a resident behavior.</li> </ul>			HS-PCF-6.3
<ul style="list-style-type: none"> <li>• Discuss the awareness of development tasks associates with the aging process.</li> </ul>			HS-PCF-2
<ul style="list-style-type: none"> <li>• Discus the importance of resident's independence and allowing personal choices.</li> </ul>			HS-PCF-14
<ul style="list-style-type: none"> <li>• Discuss the importance of redirecting behaviors consistent with the resident's dignity.</li> </ul>			HS-PCF-12.1, 12.2
<ul style="list-style-type: none"> <li>• Utilize the resident's family as a source of emotional support.</li> </ul>			HS-PCF-5.6
<ul style="list-style-type: none"> <li>• Recognizing emotional and mental health needs of the residents.</li> </ul>			HS-PCF-6
<ul style="list-style-type: none"> <li>• Discuss the importance of respecting spiritual and cultural needs of the residents.</li> </ul>			HS-PCF-3.3 (ADD spiritual)
<b>Care of Cognitively Impaired Residents</b>			
<ul style="list-style-type: none"> <li>• Analyzing techniques for addressing the unique needs and behaviors of individuals with Dementia (Alzheimer's and others).</li> </ul>			HS-PCF-2.5, 6
<ul style="list-style-type: none"> <li>• Identify communication techniques when dealing with cognitively impaired residents.</li> </ul>			HS-PCF-2.5, 5.7, 6
<ul style="list-style-type: none"> <li>• Understand the behavior of cognitively impaired residents.</li> </ul>			HS-PCF-2.5, 6
<ul style="list-style-type: none"> <li>• Explain the appropriate responses to the behavior of cognitively impaired residents.</li> </ul>			HS-PCF-2.5, 6
<ul style="list-style-type: none"> <li>• Identify the methods of reducing the effects of cognitive impairments.</li> </ul>			HS-PCF-2.5, 6
<b>Basic Restorative Services</b>			
<ul style="list-style-type: none"> <li>• Demonstrate skills, which incorporate principles of restorative nursing, including:               <ul style="list-style-type: none"> <li>○ A. Training the resident in self-care according to the resident's abilities</li> </ul> </li> </ul>			HS-PCF-14

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

<ul style="list-style-type: none"> <li>○ B. Ambulation with/without a gait belt</li> <li>○ C. The use of assistive devices in transferring, ambulation, eating and dressing.</li> <li>○ D. Maintenance of range of motion</li> <li>○ E. Proper turning and positioning in bed and chair</li> <li>○ F. Bowel and bladder training</li> <li>○ G. Care and use of prosthetic/orthotic devices and eyeglasses.</li> </ul>			
<ul style="list-style-type: none"> <li>● Define the barriers to communicating with hearing and visually impaired. <ul style="list-style-type: none"> <li>○ A. Discuss care of hearing &amp; visual aids</li> </ul> </li> </ul>			HS-PCF- 5.4 (Add TCSG verbiage)
<ul style="list-style-type: none"> <li>● Discuss and review safe use of various medical equipment.</li> </ul>			HS-PCF-9.9, 14.3 (ADD safe use)
<b>Residents Rights</b>			
<ul style="list-style-type: none"> <li>● Demonstrate behavior which maintains residents' right, including but not limited to: <ul style="list-style-type: none"> <li>○ A. Providing privacy and maintenance of confidentiality</li> <li>○ B. Promoting the residents' right to make personal choices to accommodate their needs.</li> <li>○ C. Giving assistance in resolving grievances and disputes (to include the role of the ombudsman)</li> <li>○ D. Providing needed assistance in getting to and participating in resident and family groups and other activities</li> <li>○ E. Maintaining care and security of resident's personal possessions</li> <li>○ F. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff;</li> </ul> </li> </ul>			HS-PCF-2.4, 2.5, 4, HS-PCF-9

## Healthcare Patient Care GaDOE/TCSG Crosswalk Form

<p>(Recognizing and reporting signs of misappropriation of funds)</p> <ul style="list-style-type: none"> <li>○ G. Avoiding the need for restraints in accordance with current professional standard (Review of restraint use and guidelines)</li> </ul>			
<b>Federal &amp; State Guidelines of Skills Check-off Checklist</b>			
<ul style="list-style-type: none"> <li>• Utilizing the federal &amp; state guidelines core curriculum required skills checklist, the instructor must ensure students display comprehension of required skills within the following areas,             <ul style="list-style-type: none"> <li>○ A. Infection Control</li> <li>○ B. Safety &amp; Emergency</li> <li>○ C. Position, Turning &amp; Transfer</li> <li>○ D. Vital Signs</li> <li>○ E. Resident's Environment</li> <li>○ F. Role of the Nurse Aide</li> <li>○ G. Resident's Grooming &amp; Personal Care with observation of Pressure Ulcers</li> <li>○ H. Resident's Mealtime &amp; Hydration</li> <li>○ I. Bowel &amp; Bladder Care &amp; Training</li> <li>○ J. Care and Use of Orthotic, Prosthetic &amp; Assistive Devices</li> <li>○ K. Restraint Use &amp; Guidelines</li> <li>○ L. Postmortem Care</li> <li>○ M. Residents Right's Confidentiality &amp; Privacy</li> <li>○ N. Observation &amp; Reporting                 <ul style="list-style-type: none"> <li>▪ 1. Beginning Procedure</li> <li>▪ 2. Ending Procedure</li> </ul> </li> </ul> </li> </ul>			