Washington State Department of
Health

Nursing Assistant Program
Plan of Correction Template

Name of Program: _____ **Name and Title of Person Completing Plan:** _____

Date:_____ **Signature of Program Director:** _____

Clearly state pass rate problem [i.e. <80% skills pass rate; <80% theory pass rate].	Identify contributing factors [conduct an assessment of the situations leading to pass rate problem].	Identify the plan of action to correct the problem(s) [a. identify specific interventions that will be implemented to address the identified problem(s) and b. how and when this will be reevaluated].	How will the program ensure ongoing compliance with the changes?	Name the person responsible for implementing the action plan.	Date of implementation.