

PROVIDER REQUEST FOR COURSE RENEWAL

Return this completed form with a check or money order (made payable to NHAP) with the appropriate fee to the following address:

Nursing Home Administrator Program
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

For a current **Fee List**, please visit our website at: www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx

PROVIDER'S NAME	PROVIDER NUMBER		TELEPHONE NUMBER
ADDRESS (Number and Street Name)	(City)	(State)	(Zip Code)
TITLE OF COURSE			PRIOR COURSE APPROVAL #
INSTRUCTOR'S NAME		HAS INSTRUCTOR CHANGED? <small>(If "YES", please attach CV.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROVIDER'S E-MAIL ADDRESS			COURSE FEE \$

*Maintenance of the information requested on this form is authorized by the Health and Safety Code. Signature below certifies this is a renewal of a course previously approved within the last two-year period and there have been no material changes to course content or course length. **Failure to provide any of the required information or submit request thirty (30) days prior to course date will result in the application being rejected as incomplete.***

APPLICANT'S SIGNATURE	DATE
NAME/TITLE	

APPLICANTS – DO NOT USE THIS PAGE – FOR NHAP USE ONLY

Your request for course approval has been reviewed and the following decision has been made:

- The course is approved for full credit.
- The course is approved as an "Approved Course in Aging or Patient Care."
- The course is approved for half credit because it is in an allied field.
- NHAP credit is denied. See enclosed letter.

NHAP COURSE APPROVAL NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE
CASH #	AMOUNT	NHAP STAFF INITIALS