State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
eLearning Review Unit (ELRU)
Email: eLearning@cdph.ca.gov

Online Nurse Assistant Training Program Renewal Application

INSTRUCTIONS:

Please email a signed application package including all supporting forms and documentation to the eLearning Review Unit (eLearning@cdph.ca.gov) no earlier than 150 days and no less than120 days prior to your expiration date to minimize delays and interruptions in your online NATP operations. Your NATP must use the most current ELRU forms, which must be unaltered, when submitting your application. All forms can be found on the eLearning Review Unit website.

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

Provider Type (check all that apply):

- Educational Institution
  - ☐ Alternative Education Program
  - ☐ Community College
  - ☐ Proprietary Training Program
  - ☐ Regional Occupational Center
- Facility
  - ☐ Alternative Online NATP
  - ☐ Facility In-House Training Program

Provider Phone Number: _____

Provider Identification Training Number:_____ Expiration Date: _____

Provider Website/Landing page URL: _____

CONTACT INFORMATION

Print Name of Administrator or Owner: _____

Email Address of Administrator or Owner: _____

Print Name of Director of Nursing or Program Director: _____

Email Address of Director of Nursing or Program Director: _____

Print Name of Designated Contact Person: _____

Email Address of Designated Contact Person: _____

Telephone Number of Designated Contact Person: _____

State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
eLearning Review Unit (ELRU)
Email: eLearning@cdph.ca.gov

Facility Administrator (if applicable):

Name and Professional Title	Administrator License Number

❖ If a new Administrator for your training program, submit an Organization Chart of your NATP. Submit the Administrators job description if different form previous submission.

Program Director or Director of Nursing Name, License Number:

Name and Professional Title (RN)	License Number

❖ If ELRU has not approved the Program Director or Director of Nursing for your training program, submit a current resume with verifiable information for approval. Submit an organization chart of your NATP and the Director's job description if different form previous submission.

Program Instructor or Director of Staff Development Name, License Number, and DSD Number:

Name and Professional Title (LVN or RN)	License Number	DSD Number (if known)

❖ If ELRU has not approved the DSD or Instructor for your training program, submit a CDPH E279 DSD/Instructor application and a current resume with verifiable information for approval. Submit the Instructor or DSD job description if different form previous submission.

State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
eLearning Review Unit (ELRU)
Email: eLearning@cdph.ca.gov

Program Clinical Training Site(s):

Name, Address of the Nursing Facility, and Provider Identification Training Number	
Print Name of the Nursing Facility Administrator	
Signature of Nursing Facility Administrator	Date
Nursing Facility Administrator Email Address	Nursing Facility Administrator Contact Number

Name, Address of the Nursing Facility, and Provider Identification Training Number	
Print Name of the Nursing Facility Administrator	
Signature of Nursing Facility Administrator	Date
Nursing Facility Administrator Email Address	Nursing Facility Administrator Contact Number

Name, Address of the Nursing Facility, and Provider Identification Training Number	
Print Name of the Nursing Facility Administrator	
Signature of Nursing Facility Administrator	Date
Nursing Facility Administrator Email Address	Nursing Facility Administrator Contact Number

❖ **May attach additional sheet for longer list. If ELRU has not approved the clinical site for your educational institution based training program, please submit an Online Nurse Assistant Training Program Clinical Training Site Agreement form (CDPH E276E) for unapproved site.**

State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
eLearning Review Unit (ELRU)
Email: eLearning@cdph.ca.gov

Program Skills Lab Sites Addresses:

Program Schedule (Days, Times, and Length per CDPH E276B):

❖ If ELRU has not approved the Schedule for your training program, submit a CDPH E276B for approval.

Curriculum:

Curriculum Name:
Edition:
Year Published:

❖ If ELRU has not approved the Curriculum for your training program, submit the Curriculum in its entirety including all tests, all answer keys, all lesson plans, all audio visual material for approval. Submit a crosswalk for reference.

State of California – Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
eLearning Review Unit (ELRU)
Email: eLearning@cdph.ca.gov

Learning Management System (LMS):

Provider Training Program LMS Website/URL:	
Provider Training Program Type: ☐ Synchronous ☐ Asynchronous	
Conducted in:	
Via:	
CDPH Username:	CDPH Password:

❖ If ELRU has not approved the LMS for your training program, contact ELRU immediately for guidance.

Select the following if changes have occurred and submit for review or approval:

 a. ☐ CDPH E276 P Administrative Policies and Procedures
 b. ☐ Instructor Monitoring Tool
 c. ☐ Organization Chart of your NATP
 d. ☐ Job Descriptions

Please Note: The use of the most current CDPH E276A Skills Check List and the CDPH E276C Individual Student record is mandatory. A site visit may be conducted at ELRU's discursion to verify information in this application. Any deficiencies found regarding your program will be require a plan of correction. An unacceptable plan of correction may lead to revocation of your NATP agreement.

We attest under the penalty of perjury that the above information is correct and accurate and that we will abide by all applicable codes, regulations and rules pertaining to our online nurse assistant training programs.

_____
Print Name of Administrator or Owner

_____ _____
Administrator or Owner Signature   Date

_____
Print Name of Director of Nursing or Program Director

_____ _____
Director of Nursing or Program Director Signature   Date