

## HEMODIALYSIS TECHNICIAN/PATIENT CARE TECHNICIAN TRAINING PROGRAM APPLICATION

Please submit this application to the Training Program Review Unit at [TPRU@cdph.ca.gov](mailto:TPRU@cdph.ca.gov)

Name of provider \_\_\_\_\_ Date \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (number, street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Provider:  School  Clinic Program Identification Number: CHP # \_\_\_\_\_

### CLINIC/SCHOOL DISCLOSURE

Print Name and Title of Medical Director	Signature of Medical Director
Print Name and Title of Registered Nurse (RN) Director	Signature of Registered Nurse (RN) Director
Governing Body	Signature of Chairperson of Governing Body
Medical Director Email:	Registered Nurse Email:
Chairperson of Governing Body Email:	

### RN INSTRUCTOR INFORMATION (List All Current Instructors)

#### CDPH USE ONLY

	Name of RN (Print)	Signature of RN	RN License Number	Date Approved	TPRU Staff Signature
1					
2					
3					
4					
5					
6					
7					
8					

**Minimum of eighty (80) hours of theory and a minimum of two hundred (200) hours of clinical. The following topics must be included in the training:**

<b>NAME OF CURRICULUM</b>	<b>Hours of Theory Training</b>	<b>Hours of Clinical Training</b>
Principles of dialysis		
Care of patients with kidney failure; including interpersonal skills		
Dialysis procedures and documentation; including initiation, proper cannulation techniques, monitoring and termination of dialysis		
Possible complications of dialysis		
Water treatment and dialysate preparation		
Infection control		
Safety		
Dialyzer reprocessing; if applicable		
List other topics and hours (use a separate sheet if necessary)		
<b>Total Hours</b>		

**Before sending to CDPH for review and approval, check the following:**

- Did you send a summary/outline of the topics covered in this training?
- Did you attach a resume for any new RN instructor & ensure each has 2 years of verifiable experience as a licensed nurse, one year of which has to be as a hemodialysis nurse?
- Did you attach a copy of the Clinical Skills Checklist?
- Did you attach a copy of the written competency test?

***California Department of Public Health Use Only***

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Training Program Review Unit Staff