

INSTRUCTOR OR DIRECTOR OF STAFF DEVELOPMENT (DSD) APPLICATION

Please Submit to the Training Program Review Unit at TPRU@cdph.ca.gov

TYPE OR PRINT LEGIBLY

| | | |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility/ School Name | Facility/ School Telephone Number | Provider Identification Training Number ("F" or "S" Number): _____ |
| Facility/ School Mailing Address: | | Types of Training to be Offered: <input type="checkbox"/> Orientation and In-Service Training Programs <input type="checkbox"/> Nurse Assistant Training Program (NATP) |
| Applicant's Name | <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse (LVN) | Nursing License Number _____ |
| Applicant Mailing Address: | | Applicant Telephone Number _____ |
| | | Applicant's Email Address _____ |
| Applicant's Signature | | Instructor or DSD Number (#) (if prior approval) |
| Hours Employed _____ per week _____ per month | Date Employed as Instructor or DSD | Facility (SNF) Licensed Bed Capacity |

Please submit the following, if you are not previously approved as an Instructor or DSD:

- Resume showing work experience. Include month/year to month/year of work experience, name and address of employer, contact telephone number for Human Resources or administration to validate the work experience, and the name of supervisor.
- Two (2) years of nursing experience [RN, LVN].
- One (1) year verifiable experience as a licensed nurse providing care and services to chronically ill or elderly patients in an acute care hospital, skilled nursing facility, intermediate care facility, home care, hospice care, or other long-term care setting.
- Completion of a course in teaching adults (attach certificate of completion) **OR** 1 year of verifiable experience in teaching adults **OR** 1 year of verifiable experience supervising nurse aides.

Facility / School Information

Administrator/ Owner, Director of Nursing/ Program Director RN

By signing below, we assure that the applicant above meets the qualifications provided in California Health and Safety Code (HSC) §1337.15.

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|---------------------------------------|------|----------------------------------------------------------|------|
| Printed Name of Administrator / Owner | | Printed Name of Director of Nursing/ Program Director RN | |
| Administrator / Owner Signature | Date | Director of Nursing/ Program Director RN Signature | Date |
| Administrator / Owner Email Address | | Director of Nursing/ Program Director RN Email Address | |

FOR DEPARTMENT USE ONLY

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| Instructor or DSD Approval Number | Date | By: Training Program Review Unit Staff |
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