

Online Nurse Assistant Training Program Instructor or Director of Staff Development Application

Please submit completed form to the eLearning Review Unit at eLearning@cdph.ca.gov

Provider Name	Provider Telephone #	Provider Identification Training Number (if applicable)
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Provider Mailing Address

Applicant Name	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse (LVN)	Nursing License Number
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Applicant Mailing Address	Applicant Telephone # _____
	Applicant's Email Address _____

Applicant's Signature	Instructor or Director of Staff Development (DSD) Number (if prior approval from CDPH)
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Hours Employed _____ per week _____ per month	Date Employed as Instructor or DSD	Facility Licensed Bed Capacity
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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.
- 2 years of nursing experience (RN, LVN).
- 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 teaching adults **OR** 1 year of verifiable experience supervising nurse aides.

Provider Information

Administrator/Owner, Director of Nursing/Program Director RN

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

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

FOR DEPARTMENT USE ONLY

Approved By:	Approved Date	Instructor or DSD Approval Number
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