



School Nurse Assistant Training Program Instructions for Renewal

FEBRUARY 16, 2022

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Thank You!

The Training Program Review Unit (TPRU) thanks you for taking the time to view this presentation. We hope you find it useful in helping you to complete your Nurse Assistant Training Program (NATP) renewal application packet. A complete renewal packet includes the renewal form, and all required supplemental forms and documents identified on the renewal form. We also included tips for success!

The goal for this presentation is to help you submit a complete renewal application packet to TPRU the first time.

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Did You Know...

- When you use the most current TPRU forms (required) and submit a complete and accurate application packet the first time, it reduces the overall application processing time by up to 50 percent!
- Failure to submit a complete application packet using current TPRU forms and submitting an incomplete application with missing supporting documents are the most common reasons for denying an application.
- TIP: Always use the most current forms from the [TPRU website](#).

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General Tips for Success

- All applicable fields on all TPRU forms **MUST** be complete and accurate.
- If you need more space to document your information, you may attach additional pages. Make sure to have your program name and identification number on each additional page that you submit (e.g., SXXXX).
- Electronic signatures on all TPRU forms and documents are acceptable and valid per [Civil Code \(CIV\) §1633.7\(d\)](#).

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New! Complete Only One Renewal Application per Theory Location

- Good news! The NATP renewal process has been streamlined so you only complete one renewal form per theory location.
- For example, if you have one theory location and several training schedules associated with that theory location, submit one renewal form and all associated documents to complete the renewal packet.
- If you have more than one theory location, you **MUST** submit one renewal form per theory location.
- For example, if you have two theory locations you **MUST** submit two complete renewal forms and all associated documents to complete each renewal packet.

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When to Submit Your Renewal Packet

- We recommend that you submit your complete renewal packet 60 – 90 days prior to your program expiration date.
- The earliest you can submit your renewal packet to TPRU is 90 days prior to your expiration date.
- Your NATP expiration date is located on all notifications provided to your program from TPRU.
- If you do not know your NATP expiration date, you may email the TPRU mailbox at TPRU@cdph.ca.gov to request this information.
- We recommend that you post your NATP expiration date on your calendar as a reminder so you can submit your renewal packet in a timely manner.

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How to Submit Your Renewal Packet

- You MUST submit the complete application packet containing your renewal application and all supporting documents to the TPRU mailbox at TPRU@cdph.ca.gov.
- OR
- You may fax your complete application packet to the TPRU electronic fax number at 916-636-6760 and it will be automatically forwarded to the TPRU mailbox.
 - Effective January 1, 2022, mailed applications will NO longer be accepted or returned by TPRU. This supports the Department's commitment to promote paperless communication.

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When Will Your Application be Approved

- Upon submission of your renewal to the TPRU mailbox, you will receive an auto reply message that your email was received. EXCEPTION: If you send your application on a weekend or holiday, your application will be accepted on the next business day.
- Save this auto reply email along with your application that was submitted for future reference.
- TPRU has 90 days from the date that a COMPLETE renewal application is received into the TPRU mailbox to approve or deny it per [California Code of Regulations \(CCR\), Title 22 §71835\(d\)\(2\)](#).
- If you would like to request a status of your renewal, please send an email to the TPRU mailbox at TPRU@cdph.ca.gov and include your training program name and program identification number(s) (e.g., S-XXXX).

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How can you help the TPRU reviewer during the application review process?

- Once your application is assigned to a TPRU reviewer you will receive an email notification that they are working on your application.
- *The best way to help your reviewer is to be available to them and promptly respond to all questions and requests in a timely manner.*
- TPRU provides a narrow window of time for the applicant to provide the reviewer with any outstanding information and documents to complete your application. TPRU cannot approve an incomplete application.
- Failure to respond to the reviewer in a timely manner and provide the necessary information and documents for them to verify that your application is complete and accurate may result in denial of your application.
- TIP: If you are having difficulty understanding precisely what the reviewer needs you to send, immediately request a telephone conference, provide a direct phone number to reach you, and provide several times of the day that you are available to talk with them.

The Remaining Slides Provide Detailed Instructions Regarding Each Field of the School NATP Renewal Application

CDPH 276SR: School Nurse Assistant Training Program Renewal Application For Classroom Training

State of California – Health and Human Services Agency California Department of Public Health

SCHOOL NURSE ASSISTANT TRAINING PROGRAM RENEWAL APPLICATION FOR CLASSROOM TRAINING

The Training Program Review Unit (TPRU) approves Nurse Assistant Training Program (NATP) agreements for a maximum of two years, 42 CFR 483.151(e). Your NATP agreement is due to expire and must be renewed. All providers of certification training and competency evaluation programs shall meet both state and federal requirements, 22 CCR 71835(a).

INSTRUCTIONS: Complete this renewal form and sign the attestation at the end. Complete only one form per theory location. ALL FIELDS MUST BE COMPLETED. Submit this form and all supporting documents to TPRU@cdph.ca.gov, or via fax to 916-636-6760, no more than 90 days prior to your program's expiration date. DO NOT SEND BY U.S. MAIL. Attach additional pages if more space is needed to complete the application.

NATP Type (check all that apply):

Educational Institution (choose one):

Adult Education Program Community College Regional Occupational Program

Agency (Proprietary School only) – Submit a current business license.

Program Name: _____

Program Mailing Address: _____

Program Theory Training Address: _____
(If different than mailing address)

Program Phone Number: _____

Program Email Address: _____

Program Website: _____

Program Curriculum Name and Edition: _____

Program Identification Training Number (PITN): *List all S numbers/schedules at this theory location.*

S-Number	Choose Schedule Type	Theory Start and End Time	Total Theory Hours (≥60)	Clinical Start and End Time	Total Clinical Hours (≥100)	Program Expiration Date

MUST submit a complete [CDPH 276B](#) training program schedule for each PITN above.

The program attests to using the most current Department forms for the skills check list ([CDPH 276A](#)) and the individual student record ([CDPH 276C](#)).

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State of California – Health and Human Services Agency California Department of Public Health

MUST list all Current and Proposed Program Instructors
Only submit a [CDPH 279](#) and resume for a NEW Instructor. Provide the Director of Staff Development (DSD) approval number if applicable. List the Registered Nurse Program Director (RNPD) if they are also an instructor.

Name and Professional Title (LVN or RN)	License Number	DSD Number (Optional) (if prior approval)

MUST list all Clinical Training Site(s)
Submit a [CDPH 276E](#) Clinical Training Site Agreement for each clinical training site.

Clinical Training Site Name	Address

Submit the following if changes have occurred since your last approval:

[CDPH 276P](#) Policies and Procedures Lesson Plans (if Curriculum changed)

Organizational Chart [CDPH 276D](#) (Proprietary School only)

Instructor Monitoring Tool Skills Check List

Job Descriptions Individual Student Record

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 NATP.

Program Administrator/Owner Name and Title (print): _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

RNPD (New RNPDs must submit a resume)

Name (print): _____ RN License Number: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

California Department of Public Health Use Only

Approved By: _____ Date: _____
Training Program Review Unit Representative

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Field: NATP Type (check all that apply)

- Educational Institution is an adult education program, community college, or regional occupational program (high school program).
- Agency is a private/proprietary school. A current business license **MUST** be included as an attachment to the renewal form.

Field: Program Name

- List the full name of your NATP.
- Your NATP name **MUST** be the same as the name on your business license, website, and all training materials provided by your training program.
- Note: The name of your NATP may be the same as another NATP in a different town or county of California. This is allowable.

Field: Program Mailing Address

- Your mailing address is where your NATP receives U.S. Mail.
- Your mailing address may be a post office box or a physical street address.
- Your mailing address must include a post office box or street number, street name, suite or room, city, county (optional), state and ZIP code.
- Your NATP mailing address can be the same as your theory address IF it is a physical street address where your theory training is provided AND where your NATP receives U.S. Mail.

Field: Program Theory Address

- Your theory address is the physical street address where your NATP provides 60 hours of theory training. Your theory address must include the street number, street name, suite or room, city, county (optional), state and ZIP code.
- A post office box is not an acceptable theory address because it must be the physical location where your NATP theory training occurs.

Field: Program Phone Number

- Your NATP program phone number is the area code and telephone number that is posted on your website and printed on materials to contact your program.
- We recommend that you include an extension if your NATP program phone number is a general number (if applicable).
- The Department posts each NATP's phone number on the TPRU website for the public to inquire about your program.
- TPRU Active School NATP List:
 - [Active school-based NATP programs](#)

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Field: Program Email Address

- Your NATP email address is posted on your website and printed on handouts for the public to inquire about your program.
- Your program email is unique to your NATP.

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Field: Program Website Address

- Your NATP website address is what you post on your website and print on any handouts and materials for the public to learn more about your program.
- Your NATP website address is unique to your program.

Field: Program Curriculum Name and Edition

- Your program curriculum name is the name of the curriculum that your instructors use to teach the 17 modules of NATP theory training.
- The edition of your curriculum is the year of the curriculum that your program is using to teach the NATP. You are required to use the most current edition.
- An example of a curriculum name that you may be using is the Nurse Assistant Training and Assessment Program (NATAP), December 2018 Edition which is located on the Health Workforce Initiative's [website](#).

Field: Program Identification Training Number (PITN)

- The PITN is the alpha-numeric number that is assigned by TPRU to your NATP.
- The PITN is comprised of a letter “S” and at least four (4) numbers.
- Your PITN is unique to your NATP.

Field: S Number

- A PITN that starts with an “S” is a school-based NATP.
- For example, S-7986.
- The school PITN is unique to each NATP school.

Field: Choose Schedule Type

- Use the drop-down option to select the appropriate training schedule type.
 - DAY
 - PM
 - WEEKEND
- If your earliest theory start time begins before 1200, your training schedule is referred to as a DAY (morning) schedule.
- If your earliest theory start time begins at or after 1200, your training schedule is referred to as an PM (afternoon/evening) schedule.
- If your theory start time begins on a weekend, your training schedule is referred to as a Weekend schedule.

Field: Theory Start and End Time

- The theory start time is the earliest beginning time listed on your entire theory training schedule (CDPH 276B).
- The theory end time is the latest ending time listed on your entire theory training schedule (CDPH 276B).
- The [CDPH 276B](#) Daily Nurse Assistant Training Program Schedule template is located on the TPRU website.

Field: Total Theory Hours

- Your NATP must provide at least 60 hours of theory training per [Health and Safety Code \(HSC\) §1337.1\(b\)\(1\)](#).
- Your NATP must provide all the mandatory theory topics detailed in [22 CCR §71835\(n\)](#) and [HSC §1337.1\(e\)\(2\)](#).

Field: Clinical Start and End Time

- The earliest allowable clinical training start time is 0600 (6:00 a.m.) per [22 CCR §71835\(g\)](#).
- The latest allowable clinical training end time is 2000 (8:00 p.m.) per [22 CCR §71835\(g\)](#).

Field: Total Clinical Hours

- Your NATP must provide at least 100 hours of supervised clinical training per [HSC §1337.1\(b\)\(2\) and \(4\)](#).
- The recommended hours of clinical training per module are detailed in [22 CCR §71835\(n\)](#).

Field: Program Expiration Date

- Your program expiration date is the last day that your NATP training agreement is valid.
- Your expiration date is comprised of the month, day and year (e.g., MM/DD/YYYY).
- Your NATP agreement cannot be approved for more than two years per [42 Code of Federal Regulations \(CFR\) §483.151\(e\)](#).

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Field: You MUST Submit a Complete Training Program Schedule for Each Program Identification Training Number

- TPRU carefully checks your CDPH 276B training schedule(s) for compliance with 60 hours of mandatory theory topics and 100 hours of clinical training per [HSC §1337.1\(b\)](#).
- TPRU also checks your training schedule(s) to ensure that 16 hours of mandatory theory training is provided to students prior to direct contact with residents per [42 CFR §483.152\(b\)\(1\)](#).

Field: The Program Attests to Using the Most Current Department Forms for the Skills Check List and the Individual Student Record

- Your NATP **MUST** use the most current program forms which are listed on the [TPRU NATP webpage](#).
- **If your program chooses to use their own CDPH 276A and 276D forms, they MUST contain the same information that is provided by the Department's most current forms.**
- Form Links:
 - [CDPH 276A - Nurse Assistant Training Program Skills Check List](#)
 - [CDPH 276C - Nurse Assistant Certification Training Program Individual Student Record](#)

Field: MUST list ALL Current and Proposed Program Instructors

- List the first name, last name and professional title (LVN or RN) of each current and proposed NATP instructor.
- If the Registered Nurse Program Director (RNPD) desires to also be an instructor, list their name and professional title.
- List the license number of each LVN or RN.
- If an instructor was previously approved by TPRU, list the Director of Staff Development (DSD) approval number (optional). This helps TPRU look up the nurse in our records.
- TPRU checks to ensure each nurse listed is active and in good standing on the California Department of Consumer Affairs [BREEZE](#) licensing system.

Field: Only submit a CDPH 279 and resume for a NEW Instructor

- Submit a complete [CDPH 279](#) Instructor application.
- The resume must clearly address the required qualifications per [22 CCR §71829\(a\)\(2\) and \(d\)](#).
- NOTE: TPRU may request a copy of any/all nurse resumes upon request, as a copy of the resume **MUST** be kept on file at the facility or agency, [22 CCR §71829\(a\)](#).

Field: MUST List All Clinical Training Sites

- List the full name of each clinical training site.
- List the physical street address of each Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) where the clinical training is provided. The address must include the street number, street name, city, county (optional), state and ZIP code.
- A post office box is not an acceptable clinical training site address because it must be the physical location where the clinical training occurs.
- A corporate address is not an acceptable clinical training site address because it must be the physical location where the clinical training occurs.

Field: MUST List All Clinical Training Sites (cont.)

- TPRU recommends securing multiple clinical training site agreements, as SNFs and ICFs can receive negative monitoring surveys that result in a loss of their ability to serve as a clinical training site or conduct any NATP activities in their facilities for two years.
- Facilities can also limit or prohibit visitors (students are considered visitors) for any reason.
- The Department cannot force a facility to be a clinical training site.
- For example, due to COVID or other health restrictions, visitors may be limited or prohibited from entering the facility for varying lengths of time, which may negatively impact the training program.
- **TIP: If the training program has multiple clinical training site agreements, they can shift their students to another approved clinical training site if needed.**

Field: MUST List All Clinical Training Sites (cont.)

- **TIP: There is no limit to the number of clinical training site agreements that your NATP can have.**
- The only limitation is that the clinical training site must be within a “reasonable” distance from the theory training location. TPRU defines a “reasonable” distance as being within a one-hour drive from the theory training location.
- A facility cannot serve as a clinical training site for an NATP if it has a Nurse Aide Training and Competency Evaluation Program (NATCEP) Loss which is triggered by a negative survey per [42 CFR §483.151\(f\)](#).

Field: Submit a Clinical Training Site Agreement for Each Clinical Training Site

- Submit a complete [CDPH 276E](#) Clinical Training Site Agreement for each clinical training site listed.
- Electronic signatures are acceptable per [CIV §1633.7\(d\)](#).
- **TIP: TPRU must reapprove all clinical training site agreements at least every two years as part of the NATP renewal process to comply with [42 CFR §483.151\(b\)\(2\)](#).**
- A contractor who provides an NATP shall be responsible for the program in its entirety [at least 60 hours of theory and 100 hours of clinical training] per [22 CCR §71835\(c\)](#).

Field: Submit The Following If Changes Have Occurred Since Your Last Approval

- Submit a copy of your updated CDPH 276P Policies and Procedures if they changed from the last approval.
- Submit an updated Organizational Chart if the names, titles, positions or reporting structure changed from the last approval.
- Submit an updated Instructor Monitoring Tool if it changed from the last approval.
- Submit updated Job Descriptions if they changed from the last approval.
- Submit four (4) sample Lesson Plans if the curriculum changed from the last approval.
- Submit an updated CDPH 276D (Private/Proprietary School ONLY) if there was a change in RNPD, ownership, or controlling interest of five (5) percent or more in your program from the last approval.
- Submit an updated Skills Check List and Individual Student Record if they changed from the last approval.

Field: 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 NATP

- Enter the following information for the NATP Administrator/Owner:
 - First name, last name and title
 - Area code, phone number and extension
 - Direct email address
 - NATP Administrator/Owner signature and date
- The NATP Administrator/Owner is ultimately responsible for the entire NATP agreement.

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Field: 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 NATP (cont.)

- Enter the following information for the RNP/Director of Nursing (DON):
 - First name, last name and RN License Number
 - Area code, phone number and extension
 - Direct email address
 - RNP/DON signature and date
- The RNP/DON is a licensed registered nurse and is responsible for the overall management of the NATP per [42 CFR §483.152\(a\)\(5\)\(i\)](#).
- TPRU policy does allow an RNP for a school NATP to teach IF they have been approved as an Instructor by TPRU AND if another person in the organization (e.g., owner, program administrator, school principal) monitors the RNP as an Instructor.

Field: “California Department of Public Health Use Only”

- Leave this box empty.
- TPRU staff will complete this box when the renewal is approved.

Your application is almost complete. Now it's time to carefully review your entire application packet for accuracy and completeness.

- Did you use the most current application forms on the TPRU website?
- Did you complete each applicable field of the application?
- Did you document the most current and accurate information?
- Did you include the required supplemental documentation?
- *The goal is for you to submit a complete and accurate renewal application the first time!*
- TIP: Review the instructions to check your entire application for accuracy and completeness.
- Remember, using old forms and/or submitting an incomplete application with missing required supporting documents is the most common reason for denying an application.

Good News! Your application packet is complete!

- *Congratulations! You reached the gold standard of compiling a complete and accurate renewal application the first time!*
- We hope this information was helpful for you to check your entire application for accuracy and completeness.
- TPRU thanks you for helping us process your application faster by submitting a complete and accurate application using the most current forms on our website!

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You are now ready to submit your complete renewal packet to TPRU

- You MUST submit the complete application packet containing your renewal application and all supporting documents to the TPRU mailbox at TPRU@cdph.ca.gov.
- Effective January 1, 2022, mailed applications will NO longer be accepted or returned by TPRU. This supports the Department's commitment to promote paperless communication.

OR

- You may fax your complete application packet to the TPRU electronic fax number at 916-636-6760 and it will be automatically forwarded to the TPRU mailbox.

What should you do if your application is approved?

- Congratulations! Your NATP was renewed!
- We recommend that you document your next expiration date on your calendar now so you can plan ahead.

What should you do if your application is denied?

- If your application is denied it was probably due to being incomplete.
- We recommend that you immediately resubmit a new application to the TPRU mailbox and include the corrections detailed on the denial notification.
- TIP: In addition to reviewing the denial notification, we recommend that you carefully review the instructions on the [TPRU Website](#) on how to successfully complete your renewal application packet.

Thank You!

- This concludes our presentation on how to successfully complete your NATP renewal application packet.
- We hope this information assisted you in understanding the steps and tips for completing your NATP renewal accurately and completely the first time.
- We invite you to tell us how this presentation helped you and if you have any suggestions for improving the content or layout of this presentation by sending an email to the TPRU mailbox at TPRU@cdph.ca.gov.