

SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: _____

County: _____

Name and Main Address:

Theory Training Location Address: _____
(If different from Main address) _____

Telephone Number: _____

COMMENTS

Program Identification Number(s):

Program Expiration Date: _____

Training Program Schedule: _____

The written plan of the program is incomplete regarding:

- Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S)
- Nurse Assistant Training Program Skills Checklist (CDPH 276A)
- Daily Nurse Assistant Training Program Schedule (CDPH 276B)
- Nurse Assistant Training Program Individual Student Record (CDPH 276C)
- Disclosure Ownership and Control Interest Statement (CDPH 276D)
- Clinical Site Agreement (CDPH 276E)

Instructor(s):

- Director of Staff Development (DSD) / Instructor Application (CDPH 279)
- Resume(s) with verifiable qualifications
- 1 year of verifiable experience in teaching adults **OR**
- 1 year of verifiable experience supervising nurse aides **OR**
- Completion of a course in teaching adults (Attach the certificate of completion)

Other (See Comments)

Name of Approved RN Program Director

Lynn Davidson

*Please include a copy of this notice when responding to requests made by the Department.

*This form is for the exclusive use of TPRU.