

### 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  
*Linda Lorden, RN HFEN*

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

\*This form is for the exclusive use of TPRU.