

Janice K. Brewer
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

NURSING ASSISTANT TRAINING PROGRAM COORDINATOR/INSTRUCTOR APPLICATION

TRAINING PROGRAM INFORMATION

Name of NA Training Program	Date	Program Code	
Name of Supervisor/Administrator/DON	Telephone #	Email Address	
Address	City	State	Zip

The following application is submitted for consideration for approval as: (check all that apply)

NA Training Program Coordinator

NA Training Program Instructor

APPLICANT INFORMATION

Full Name of Applicant (as it appears on license)

Telephone # Business	Telephone # Cell	Email Address
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VERIFICATION

I hereby certify that I have read this application and further certify that the information provided is true and correct. I also certify that I have read R-4-19-801(C) and understand the qualifications and responsibilities of the NA training program coordinator and/or instructor.

Applicant Signature

Date

I hereby certify that I have reviewed official transcripts and work experience and have verified that the applicant meets the qualifications for program coordinator and/or instructor as set forth by the Arizona Nurse Practice Act.

Supervisor Signature

Date

OFFICIAL USE ONLY

<input type="checkbox"/> Coordinator Approved <input type="checkbox"/> Unencumbered RN License <input type="checkbox"/> 2 Years Overall Nursing Experience <input type="checkbox"/> 1 Year Long-term Care <input type="checkbox"/> Coordinator Denied	<input type="checkbox"/> Instructor Approved <input type="checkbox"/> Unencumbered RN License <input type="checkbox"/> Course Credit <input type="checkbox"/> Experience Teaching <input type="checkbox"/> CNA Supervision <input type="checkbox"/> Instructor Denied
Reason for Denial:	
Name of Reviewer	Date

COORDINATOR APPLICANT

R4-19-801-(C)(1) states: a. Hold a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15; and b. Possess at least two years of nursing experience at least one year of which is in the provision of long-term care facility services.

Name (as it appears on license)	RN License #

Please provide EVIDENCE OF 2 YEARS OF NURSING EXPERIENCE at least one of which is in the provision of long-term care facility services.

AGENCY NAME/LOCATION	POSITION	CLINICAL AREA	FROM MONTH/YEAR	TO MONTH/YEAR

INSTRUCTOR APPLICANT

R4-19-801-(C)(4)(a) states: A program instructor shall: a. Hold a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15; and b. Possess one or more of the following: i. Credit for a course on teaching adults, ii. One year of experience teaching adults, or iii. One year of experience supervising nursing assistants.

Name (as it appears on license)	RN License #	Status

PLEASE PROVIDE EVIDENCE OF ONE OR MORE OF THE FOLLOWING:

Credit for a course on teaching adults

COLLEGE/UNIVERSITY/INSTITUTION LOCATION	COURSE TITLE	DEGREE CREDIT CERTIFICATION	DATE COMPLETED

One year of experience teaching adults

LOCATION	CLASS YOU TAUGHT	FROM MONTH/YEAR	TO MONTH/YEAR

One year of experience supervising nursing assistants

FACILITY NAME/LOCATION	POSITION	CLINICAL AREA	FROM MONTH/YEAR	TO MONTH/YEAR

NOTE:

- To be approved as a coordinator or instructor, state and federal regulations require that the applicant is a registered nurse, currently licensed to practice in Arizona.
- All applicable fields are required to be filled.

**Completed form should be mailed to:
AZBN Education Department
4747 North 7th Street, Suite 200
Phoenix, Arizona 85014**