

**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		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

**PERSONAL 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.

Signature of NA Training Program Coordinator and/or Instructor Applicant	Date
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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.

Signature of Supervisor/Administrator/DON	Date
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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

## SECTION 1 – PROGRAM COORDINATOR

R4-19-801-(C)(1)(a) states: A program coordinator shall hold a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15.

Name (as it appears on license)	RN License #

R4-19-801-(C)(1)(b) states: A program coordinator shall **POSSESS AT LEAST 2 YEARS OF NURSING EXPERIENCE** at least one of which is in the provision of long-term care facility services.

Please provide below evidence of two years of overall nursing experience.

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

R4-19-801-(C)(1)(b) states: A program coordinator shall possess at least 2 years of nursing experience **AT LEAST ONE OF WHICH IS IN THE PROVISION OF LONG-TERM CARE FACILITY SERVICES.**

Please provide below evidence of at least one year of experience of long-term care.

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

## SECTION 2 – INSTRUCTOR

R4-19-801-(C)(4)(a) states: A program instructor shall hold a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15.

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

R4-19-801-(C)(4)(b) states: A program instructor shall possess **ONE OR MORE OF THE FOLLOWING:**

R4-19-801-(C)(4)(b)(i): Credit for a course on teaching adults;

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

R4-19-801-(C)(4)(b)(ii): One year of experience teaching adults;

COLLEGE/UNIVERSITY/FACILITY LOCATION	COURSE CONTENT	FROM MONTH/YEAR	TO MONTH/YEAR

R4-19-801-(C)(4)(b)(iii): 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 N. 7<sup>th</sup> Street, Suite 200, Phoenix, AZ 85014**