



Arizona State Board of Nursing

Application for Consolidating a Nursing Assistant Training Program *or*
Adding an Additional Site to an Existing Consolidated Nursing Assistant Program

PRIMARY PROGRAM INFORMATION

Name of <u>Primary</u> NA Training Program:		Program Code(s):	
Name of Coordinator/ Contact Person:			
Address:		City:	State:
Mailing Address:		City:	State:
Telephone #:	Fax #:		
Email:	Website:		

TYPE OF PROGRAM (ALL SITES)

<input type="checkbox"/> Nursing Facility* <input type="checkbox"/> Hospital <input type="checkbox"/> Other Health Facility: _____ _____	<input type="checkbox"/> High School <input type="checkbox"/> Private post secondary board approved schools <input type="checkbox"/> Community College	<input type="checkbox"/> Private non-accredited school <input type="checkbox"/> Job Corps <input type="checkbox"/> Skill Center <input type="checkbox"/> Other: _____ _____
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*Long-term care facilities or nursing homes can not become consolidated programs as they maintain separate licenses issued by the Department of Health Services and are subject to state and federal sanction.

OFFICIAL USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Recommendation to Executive Director:	
Signature- Education Consultant	Date:
Comments:	
Signature – Associate Director – Education/Evidence Based Regulation	Date Reviewed:
Comments:	
Signature - Executive Director	Date:

PROGRAM PERSONNEL

ADMINISTRATOR - OWNER

Name:	Telephone:
	Email:

COORDINATOR R4-19-802(B)(1); R4-19-802(B)(3)

Program coordinator qualifications include: a. Holding a current, registered nurse license that is active and in good standing or multistate privilege to practice as an RN under A.R.S. Title 32, Chapter 15; and b. Possessing at least two years of nursing experience at least one year of which is in the provision of long-term care facility services. A program coordinator's responsibilities include: a. Supervising and evaluating the program; b. Ensuring that instructors meet Board qualifications and there are sufficient instructors to provide for a clinical ratio not to exceed 10 students per instructor; c. Ensuring that the program meets the requirements of this Article; and d. Ensuring that the program meets federal requirements regarding clinical facilities under 42 CFR 483.151.

Name (as it appears on license):	RN License #
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Telephone:	Email:
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Agency Name/Location	Position	Clinical Area	From Month/Year to Month/Year:

INSTRUCTOR R4-19-802(C)(1)

Program instructor qualifications include: a. Holding a current, registered nurse license that is active and in good standing under A.R.S. Title 32, Chapter 15 and provide documentation of a minimum of one year full time or 1500 hours employment providing direct care as a registered nurse in any setting; and b. At a minimum, one of the following: i. Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution, ii. Completion of a 40 hour continuing education program in adult teaching and learning concepts that was awarded continuing education credit by an accredited organization, iii. One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator, or iv. One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection (C)(1)(a).

****Please provide the following information for each instructor****

Name (as it appears on license):	RN License #:
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Telephone:	Email:
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Instructor has had 1500 hours or one year full time employment as an RN providing direct care (R4-19-802(C)(1)) Yes No

Location:	Job Title:	From Month/Year to Month/Year:
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Location:	Job Title:	From Month/Year to Month/Year:
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R4-19-802 (C)(1)(b)(i) Successful completion of a three semester credit course on adult teaching and learning concepts offered by an accredited post-secondary educational institution

COLLEGE~UNIVERSITY~INSITTUTION LOCATION	COURSE TITLE	CREDITS	DATE COMPLETED

R4-19-802 (C)(1)(b)(iii) One year of full-time or 1500 hours experience teaching adults as a faculty member or clinical educator

COLLEGE~UNIVERSITY~INSITTUTION LOCATION	COURSE TAUGHT	FROM MONTH/YEAR to MONTH/YEAR

R4-19-802 (C)(1)(b)(iv) One year of full time or 1500 hours experience supervising nursing assistants, either in addition to or concurrent with the one year of experience required in subsection C)(1)(a)

FACILITY~LOCATION	POSITION~CLINICAL AREA	FROM MONTH/YEAR to MONTH/YEAR

USE ADDITIONAL PAGES IF NECESSARY FOR EACH INSTRUCTOR

PROPOSED SITE(S) TO BE CONSOLIDATED

A copy of the clinical contract between the primary approval site and the new clinical training site(s) must accompany this application.

Name of Site:	Telephone:	Fax:	
Facility Address:	City:	State:	Zip Code:
List Each Instructor:			
Name of agency to be used for clinicals:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing Facility / Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Site:	Telephone:	Fax:	
Facility Address:	City:	State:	Zip code:
List Each Instructor:			
Name of agency to be used for clinicals:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing Facility / Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Site:	Telephone:	Fax:	
Facility Address:	City:	State:	Zip code:
List Each Instructor:			
Name of agency to be used for clinicals:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing Facility / Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Site:	Telephone:	Fax:	
Facility Address:	City:	State:	Zip code:
List Each Instructor:			
Name of agency to be used for clinicals:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing Facility / Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Site:	Telephone:	Fax:	
Facility Address:	City:	State:	Zip code:
List Each Instructor:			
Name of agency to be used for clinicals:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Nursing Facility / Medicare Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		

USE ADDITIONAL PAGES IF NECESSARY

**PROGRAMS MUST MEET THE FOLLOWING CRITERIA TO RECEIVE APPROVAL FOR
CONSOLIDATION**

- The programs to be consolidated are in the same department on the organizational chart; □Yes □No
- A single RN administrator or coordinator has authority and responsibility for all sites, instructors and the coordinator, if the administrator is not the coordinator and has a major role in hiring, retention and evaluation of all instructors; □Yes □No
- Curriculum and policies are identical for all sites; □Yes □No
- The hour-for-hour breakdown for didactic, laboratory, and clinical are identical for all sites; □Yes □No
- The sites are comparable in terms of classroom, lab facilities and supplies; and □Yes □No
- Student records for this site will be stored in a central location with all other records. □Yes □No

The undersigned verifies that the information provided in this application is true and correct in every respect and agrees to apply to the Board 30 days before a new site is added to the program.

Program Administrator/Coordinator Name

Signature Date