Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

NURSING ASSISTANT TRAINING PROGRAM - COORDINATOR/INSTRUCTOR CHANGE NOTICE

PROGRAM INFORMATION	
Program Name	Program Code
Administrator/ Owner Name	Phone
Address	Fax
City, State, Zip	Email

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)		
Office Phone	Cell Phone	Email

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 R4-19-801(C)(8-10); R4-19-802(B)(C)(H) and understand the qualifications and responsibilities of the NA training program coordinator and/or instructor.

Applicant Signature	Date

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 R4-19-801(C)(8-10); R4-19-802(B)(C)(H) and understand the qualifications and responsibilities of the NA training program coordinator and/or instructor.

Supervisor Signature	Date

OFFICIAL USE ONLY	
□ Coordinator Meets Rule Regulation □ Unencumbered RN License □ 2 Years Overall Nursing Experience □ 1 Year Long-term Care	□ Instructor Meets Rule Regulation □ Unencumbered RN License □ Course Credit □ Experience Teaching □ CNA Supervision
□ Coordinator Does Not Meet Criteria	□ Instructor Does Not Meet Criteria
Reason for NOT meeting criteria:	
Name of Reviewer	Date

COORDINATOR APPLICANT 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 #

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 R4-19-802(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).

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

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:
Location:	Job Title:	From Month/Year - To Month/Year:

Please provide **ONE OR MORE** of the following:

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~INSITITUTION 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~INSITITUTION 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

Please Email completed form to:
LLedbetter@azbn.gov