

Online Nurse Assistant Training Program Instructor or Director of Staff Development ApplicationPlease submit completed form to the eLearning Review Unit at [eLearning@cdph.ca.gov](mailto:elearning@cdph.ca.gov)

NATP Provider Name	Telephone Number	Provider Identification Training Number (if applicable)
NATP Mailing Address		Facility Licensed Bed Capacity (SNF/ICF ONLY)
Instructor/DSD Applicant Name	Registered Nurse (RN) Licensed Vocational Nurse	CA Nursing License Number
Instructor/DSD Applicant Mailing Address	Applicant's Telephone # _____ Applicant's Email Address _____	
Instructor/DSD Applicant's Signature	Hours Employed as Instructor/DSD Per Week Per Month	Date Employed as Instructor/DSD

Please submit the following:

- Resume reflecting verifiable qualifications of a Director of Staff Development or Instructor in the following format: work experience duration in month/year, name and address of each employer, job duties, contact telephone number for Human Resources or administration, and the name of the supervisor.

The DSD or Instructor who teaches the certification training program must meet the following qualification requirements:

1. Active RN or LVN license in California
2. Two years of nursing experience as a licensed vocational nurse or registered nurse.
3. One of the two years must be in providing care and services to chronically ill or elderly patients in an acute care hospital, skilled nursing facility, intermediate care facility, home care, hospice care, or other long-term care setting.
4. With either:
 - a. One year of experience planning, implementing, and evaluating educational programs in nursing; or
 - b. 24 hours of continuing education courses in planning, implementing, and evaluating educational programs in nursing. Within six months of employment and prior to teaching a certification program. These must either be courses approved by the Board of Registered Nursing or courses administered by an accredited educational institution. Submit the 24 hour certificate when using this option.

By signing below, under the penalty of perjury, we declare that the candidate above meets the DSD or Instructor qualifications provided in Code of Federal Regulations §483.152, California Health and Safety Code §1337.15, and California Code of Reregulation, Title 22, §71809, §71821, §71829, and §75011.

Printed Name of Administrator/Owner		Printed Name of Director of Nursing/Program Director	
Signature of Administrator/Owner	Date	Signature of Director of Nursing/Program Director	Date
Email Address of Administrator/Owner		Email Address of Director of Nursing/Program Director	