

## SCHOOL NURSE ASSISTANT TRAINING PROGRAM RENEWAL APPLICATION FOR CLASSROOM TRAINING

The Training Program Review Unit (TPRU) approves Nurse Assistant Training Program (NATP) agreements for a maximum of two years, 42 CFR 483.151(e). Your NATP agreement is due to expire and must be renewed. All providers of certification training and competency evaluation programs shall meet both state and federal requirements, 22 CCR 71835(a).

**INSTRUCTIONS:** Complete this renewal form and sign the attestation at the end. Complete only one form per theory location. ALL FIELDS MUST BE COMPLETED. Submit this form and all supporting documents to [TPRU@cdph.ca.gov](mailto:TPRU@cdph.ca.gov), or via fax to 916-636-6760, no more than 90 days prior to your program’s expiration date. DO NOT SEND BY U.S. MAIL. Attach additional pages if more space is needed to complete the application.

NATP Type (check all that apply):

- Educational Institution (choose one):
  - Adult Education Program
  - Community College
  - Regional Occupational Program
- Agency (Proprietary School only) – Submit a current business license.

Program Name:

Program Mailing Address:

Program Theory Training Address:  
(If different than mailing address)

Program Phone Number:

Program Email Address:

Program Website:

Program Curriculum Name and Edition:

Program Identification Training Number (PITN): *List all S numbers/schedules at this theory location.*

S-Number	Choose Schedule Type	Theory Start and End Time	Total Theory Hours (≥60)	Clinical Start and End Time	Total Clinical Hours (≥100)	Program Expiration Date

**MUST submit a complete [CDPH 276B](#) training program schedule for each PITN above.**

The program attests to using the most current Department forms for the skills check list ([CDPH 276A](#)) and the individual student record ([CDPH 276C](#)).

**MUST list all Current and Proposed Program Instructors**

**Only submit a [CDPH 279](#) and resume for a NEW Instructor.** Provide the Director of Staff Development (DSD) approval number if applicable. List the Registered Nurse Program Director (RNPD) if they are also an instructor.

Name and Professional Title (LVN or RN)	License Number	DSD Number (Optional) (if prior approval)

**MUST list all Clinical Training Site(s)**

**Submit a [CDPH 276E](#) Clinical Training Site Agreement for each clinical training site.**

Clinical Training Site Name	Address

**Submit the following if changes have occurred since your last approval:**

- [CDPH 276P](#) Policies and Procedures
- Lesson Plans (if Curriculum changed)
- Organizational Chart
- [CDPH 276D](#) (Proprietary School only)
- Instructor Monitoring Tool
- Skills Check List
- Job Descriptions
- Individual Student Record

**We attest under the penalty of perjury that the above information is correct and accurate, and that we will abide by all applicable codes, regulations and rules pertaining to our NATP.**

Program Administrator/Owner Name and Title (print):

Phone Number:

Email Address:

Signature:

Date:

**RNPD (New RNPDs must submit a resume)**

Name (print):

RN License Number:

Phone Number:

Email Address:

Signature:

Date:

*California Department of Public Health Use Only*

Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_

Training Program Review Unit Representative