California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
PHONE: (916) 327-2445 FAX: (916) 324-0901
TPRU@cdph.ca.gov

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS

School Name and Mailing Address: Provider Identification Training Number: [ ] [ ] [ ] [ ] [ ]

School Phone: ______________________

County: ______________________

School Theory Classroom Training Site Address: ______________________
(Only if different from the address listed above) ______________________

____

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a Skilled Nursing Facility or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check one): DAYS PM WEEKENDS
Name of Curriculum Used: ______________________
Student Fees: ______________________
Theory Hours: ______________________
Clinical Hours: ______________________

We certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Registered Nurse Program Director	Registered Nurse Program Director Email
Signature of Owner/School Administrator	Owner/School Administrator Email
Date	School Administrator phone including extension #

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
PHONE: (916) 327-2445 FAX: (916) 324-0901
TPRU@Cdph.ca.gov

SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

Module	Name of the Module	Theory Hours	Clinical Hours
Module I:	Introduction		
Module II:	Patients' Rights		
Module III:	Interpersonal Skills		
Module IV:	Prevention & Management of Catastrophe & Unusual Occurrences		
Module V:	Body Mechanics		
Module VI:	Medical and Surgical Asepsis; Infection Control		
Module VII:	Weights and Measures		
Module VIII:	Patient Care Skills		
Module IX:	Patient Care Procedures		
Module X:	Vital Signs		
Module XI:	Nutrition		
Module XII:	Emergency Procedures		
Module XIII:	Long – Term Care Patient		
Module XIV:	Rehabilitative Nursing		
Module XV:	Observation and Charting		
Module XVI:	Death and Dying		
Module XVII:	Abuse		
	Total hours		

PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REVIEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:

1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be “Patient Care Skills,” which shall include:
   a) The student behavioral objective(s)
   b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
   c) The method of teaching
   d) The method of evaluating knowledge and demonstrable skills
2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
   a) A listing of the duties and skills the nurse assistant must learn
   b) Space to record the date when the nurse assistant performs each duty/skill
   c) Spaces to note satisfactory or unsatisfactory performance
   d) Signature of the approved Director of Staff Development / Instructor
3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.
4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.
5) Clinical site agreement (CDPH 276E).
6) Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

California Department of Public Health Use Only

Training Schedule Approved: DAYS PM WEEKEND

Class Schedule – Hours:____________ Clinical Schedule – Hours: ___________

Date:______________ Training Schedule Revision Date:______________

☐Approved By: _________________________

(CDPH, ATCS, Training Program Review Unit Representative)