

INSTRUCTOR OR DIRECTOR OF STAFF DEVELOPMENT (DSD) APPLICATIONSubmit this form and all supporting documents to TPRU@cdph.ca.gov or fax to (916) 636-6760**Facility/School Information**

Facility/School Name	Telephone Number	Provider Identification Training Number(s) (if applicable)
Facility/School Mailing Address	Facility Licensed Bed Capacity (SNF/ICF Only)	Type of Training to be Offered: <input type="checkbox"/> Orientation and In-service Training <input type="checkbox"/> Nurse Assistant Training Program

Instructor/DSD Applicant Information

Instructor or DSD Number (if prior approval):

Applicant Name	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse (LVN)	CA Nursing License Number
Applicant Mailing Address	Email Address	Telephone Number
Applicant Signature	Hours Employed as Instructor/DSD Per week _____ Per month _____	Date Employed as Instructor/DSD _____

Submit the following:

Resume showing verifiable work experience. Must include work experience in month/year to month/year format, name and address of each employer, job duties, contact telephone number for Human Resources or administration, and name of supervisor.

Active RN or LVN license in California.

Two (2) years of nursing experience (RN, LVN).

One (1) of the two years must be as a licensed nurse 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.

AND one of the following:

One (1) year of experience planning, implementing, and evaluating educational programs in nursing.

OR

Twenty-four (24) hours of continuing education in planning, implementing, and evaluating educational programs in nursing (submit course certificate or transcript) completed within six (6) months of employment and prior to teaching a certification program. Courses must be approved by the Board of Registered Nursing or administered by an accredited educational institution.

By signing below, we attest that the applicant above meets the Instructor or DSD qualifications provided in Title 42 Code of Federal Regulations §483.152, California Health & Safety Code §1337.15, and California Code of Regulations, Title 22, §71809, §71821, §71829, and 22 CCR §75011.

Administrator/Owner Name (Print)	Director of Nursing/RN Program Director Name (Print)		
Administrator/Owner Email Address	Director of Nursing/RN Program Director Email Address		
Administrator/Owner Signature	Date	Director of Nursing/RN Program Director Signature	Date

FOR DEPARTMENT USE ONLY

Instructor/DSD Approval Number:	Date of Approval:	By TPRU Staff:
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