

Nevada State Board of **NURSING**

Renewal Application Nursing Assistant Instructor

Return to: Nevada State Board of Nursing, 4220 S. Maryland Pkwy., #300, Las Vegas, NV 89119-7524
(702) 486-5800 or toll free (888) 590-6726, fax (702) 486-5803, www.nevadanursingboard.org

Last name: _____ First name: _____

Address: _____

City, State ZIP _____

Email address: _____ SSN: _____

Nevada RN License Number: _____ Instructor Number: _____

Please note that the address furnished with this application will become your address of record unless you indicate otherwise.

This renewal application, with the \$100 renewal fee, must be received on or before the end of the business day on which your current certificate expires, or your certificate will lapse.

To be eligible to renew your certificate, you must have taught at least one nursing assistant training program class within the last two years. Please list each of the nursing assistant training programs you have taught within the last two years.

Name and location of training program	(please attach separate sheets, if necessary)	Date(s) taught
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm (swear) that I:

- hold a current, active Nevada nursing license in good standing;
- have taught in a Board-approved Training Program for Nursing Assistants for compensation at least once in the preceding two years
- have used a curriculum approved by the Board; and,
- have reviewed the revised CNA Skills Guidelines

Nevada State Board of Nursing highly encourages you to attend an instructor workshop with our state certification examination vendor. For information on upcoming workshop dates, please contact the Education department.

Signature _____ Date _____

The annual renewal fee is \$100. You may pay by credit card (MasterCard, Discover, Visa), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing (NSBN). Remit U.S. Funds only.

Choose one: Visa ___ MasterCard ___ Discover ___ AMEX ___ Card number _____ Exp. _____

Name on card _____ Amount \$100.00

Signature _____