

# Nevada State Board of NURSING

## Nursing Assistant Training Program Initial Application for Approval

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

The Nevada Nurse Practice Act (NRS 632.2856) requires providers of Nursing Assistant Training Programs (NATP) to obtain approval from the Nevada State Board of Nursing.

**This application should be completed by the program coordinator, primary instructor, or program administrator. It must be accompanied by the \$250 application fee and include these attachments (in the order listed):**

### 1. Title page

- A. Name of facility offering NATP
- B. Address, city, state, zip code
- C. Telephone, fax, email
- D. Facility type (LTC, hospital, high school, college, proprietary, etc.)
- E. Name and title of person submitting report
- F. Name and title of program coordinator (attach resume)
- G. Name and title of facility administrator
- H. Name and title of primary instructor (attach resume)
- I. Current academic administrator
  - i. Name
  - ii. Address, city, state, zip code
  - iii. Telephone, fax, email
  - iv. Contact person
  - v. Date contract expires
  - vi. Name of former academic administrator (if applicable)

### 2. Copy of your current Academic Administrator Agreement. (According to NRS 632.2856, the Academic Administrator must be the Nevada System of Higher Education; a program for career and technical education approved by the State Board of Career and Technical Education; a public school in this State; or any other nationally recognized body or agency authorized by law to accredit or approve such programs.)

### 3. List of all current and proposed instructors, adjunct faculty, and non-nursing guest lecturers

- A. Instructors. For each individual, please include:
  - i. Name
  - ii. RN license number and expiration date
  - iii. Instructor license number and expiration date
  - iv. Resume (see NAC 632.775)
- B. Adjunct faculty or non-nursing guest lecturers. For each individual, please include:
  - i. Name, title, organization
  - ii. Topic
  - iii. Qualifications

### 4. Copies of all policies and procedures related to the training program.

5. **Copy of the program budget.**
6. **Copy of a blank certificate of completion.**
7. **Copy of the skills checklist and course outline.**
8. **Copy of the evaluation to be completed by the students.**
9. **Curriculum, program hours, classes, students.**
  - A. A copy of the proposed curriculum
  - B. Title of textbook and/or workbook used, including author and publication year
  - C. Number of total program hours (facility orientation does not count toward program hours)
    - i. Theory hours
    - ii. Lab hours
    - iii. Clinical hours
  - D. Number of hours of classroom/lab instruction prior to resident contact. (must be at least 16)
  - E. Length of program (in weeks)
  - F. Number of students who may enroll per program offering.
  - G. Number of classes to be conducted in 12 months. (To retain approval, program must hold at least one class within a 12-month period.)
  - H. Number of students per instructor in lab setting. (must be at least one instructor for every 15 students)
  - I. Number of students per instructor in clinical setting. (must be at least one instructor for every 15 students)
10. **Training sites**
  - A. Name(s) and location(s) of all sites used to teach theory portion of program.
  - B. Name(s) and location(s) of all sites used to teach clinical portion of program.
    - i. If there are multiple clinical sites, include copy(ies) of agreements with other facilities/agencies.
    - ii. If clinical site(s) is for students not employed by your facility, list the entity that will pay the certification and testing fees.
11. **Cost/expenses**
  - A. List costs/expenses which will be incurred by program for each student.
  - B. List costs/expenses which will be incurred by each student.
  - C. Describe how and when students will apply for certification, pay fees, and submit fingerprint and testing fees.
  - D. Total out-of-pocket cost for each student.

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The application fee is \$250. You may pay by credit card (MasterCard, Discover, Visa, AMEX), 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 date \_\_\_\_\_ CVC: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card holder billing address: \_\_\_\_\_

City

State

ZIP

Signature: \_\_\_\_\_

A receipt will be sent via email, please provide a valid email address here: \_\_\_\_\_