

Nevada State Board of NURSING

Nursing Assistant Training Program Initial Application for Approval

Return to: NSBN CNA Training Program Specialist and NSBN Education Management Assistant at the following emails: tpachak@nsbn.state.nv.us and hbollmatulis@nsbn.state.nv.us

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 must be submitted via email to the email addresses listed above. 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 the proposed Nursing Assistant Training Program (NATP)
- B. Name of facility offering NATP
- C. Address, city, state, zip code
- D. Telephone, fax, email
- E. Facility type (LTC, hospital, high school, college, proprietary, etc.)
- F. Name and title of person submitting report
- G. Name and title of program coordinator (attach resume)
- H. Name and title of facility administrator
- I. Name and title of primary instructor (attach resume) Pursuant to 42 CFR 483.152 (5)(iii) the Director of Nursing (DON) cannot be the primary instructor in a facility-based program.
- J. Current academic administrator
 - i. Name
 - ii. Address, city, state, zip code
 - iii. Telephone, fax, email
 - iv. Contact person
 - v. Date contract expires

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. **Copy of current license from the Nevada Commission on Postsecondary Education (if applicable)**

4. **Copy of current Nevada Business license (if applicable)**

5. **List of all current and proposed instructors, including adjunct faculty, and non-nursing guest lecturers**

- A. Instructors. For **each individual**, please include:
- i. Name
 - ii. Permanent **active** Nevada RN license number and expiration date
 - iii. Instructor license number (iCNA) and expiration date
 - iv. **Current** Resume or CV (see NAC 632.775)

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- B. Adjunct faculty or non-nursing guest lecturers. For **each individual**, please include:
- i. Name, title, organization
 - ii. Topic
 - iii. Qualifications
6. Copies of **ALL** policies and procedures related to the training program
7. Copy of the program budget
8. Copy of a blank certificate of completion. (You will receive an NSBN approved template after the application has been approved)
9. Copy of the skills checklist (include required units of instruction {NAC 632.741-NAC 632.765} and NSBN CNA Skills Guidelines).
10. Copy of the course outline
11. Copy of the course syllabus. Include the following:
- A. Required units of instruction (NAC 632.741- NAC 632.765).
 - i. Time allotted on each of the units of instruction in lecture, lab, and clinical
 - B. Behavioral objectives of each unit of instruction.
 - C. The methods to be used to teach each unit of instruction.
 - D. The methods to be used to evaluate the achievement of behavioral objectives.
12. Copy of all clinical contracts
- A. Copy of clinical paperwork to be completed by students with required units of instruction.
13. Copy of the course evaluation to be completed by the students upon the completion of the course
14. Curriculum, program hours, classes, and number of 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 (program and clinical 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) for each class offered.
 - F. Days and times for each class offered.
 - G. Number of students who may enroll per program offering.
 - H. Number of classes to be conducted in 12 months. (To retain approval, program must hold at least one class within a 12-month period.)
 - I. Number of students per instructor in lab setting. (Must be at least one instructor for every 15 students)
 - J. Number of students per instructor in clinical setting. (Must be at least one instructor for every 15 students)

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15. 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.

16. 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.
 - i. Fingerprints for employment cannot be used for NSBN. Fingerprints for CNA certification must meet NSBN requirements.
- D. Total out-of-pocket cost for each student.

The initial application is valid for one year from the date received. All programs are due for annual renewal by August 1st.

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. Fees are nonrefundable per NRS 632.345(3).

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:
