

# Nevada State Board of NURSING

## Nursing Assistant Training Program Renewal Application

**Fill out and Return to:** NSBN CNA Training Program Specialist and the Education Management Assistant at the following emails: [tpachak@nsbn.state.nv.us](mailto:tpachak@nsbn.state.nv.us) and [arvasquez@nsbn.state.nv.us](mailto:arvasquez@nsbn.state.nv.us).

The Nevada Nurse Practice Act requires each Nursing Assistant Training Program (NATP) to submit a renewal application and \$100 renewal fee annually. Submit the renewal application and payment to the board office no later than two weeks before the expiration date of August 1 to avoid a lapse in approval. The Board may undertake an onsite review of your program at any time; the Nurse Practice Act requires one review at least every 24 months.

**The Board must receive your renewal application at the above address by July 15<sup>th</sup>. It should be completed by the program coordinator, primary instructor, or program administrator. It must 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 the person submitting the report
- F. Name and title of program coordinator (attach resume)
- G. Name and title of the 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 the former academic administrator (if changed within the previous 4 years)

### 2. Copy of your current Academic Administrator Agreement. (see NRS 632.2856)

- A. Number of permanent student records sent to the Academic Administrator this fiscal year (see NAC 632.790).
- B. Provide a sample of the permanent student record.
- C. Copy of current license from the Nevada Commission on Postsecondary Education (if applicable).
- D. Copy of current Nevada Business license (if applicable).

### 3. List of all instructors, adjunct faculty, and non-nursing guest lecturers within the last 12 months (July through June). List any proposed new instructors.

- 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)

# Nevada State Board of NURSING

- 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 that have been revised or added during the past 12 months, including a list of any policies that have been removed.**
5. **Copy of the program budget.**
- A. Include only these categories: faculty salaries, supplies, equipment, repairs, and purchases.
6. **Copy of a student's certificate of completion. Must be NSBN approved certificate of completion template.**
7. **Copy of a completed skills checklist.**
8. **Summary of the evaluations completed by the students.**  
Include:
- A. How many evaluations were completed versus the number of students
  - B. Summary of scores
  - C. Summary of student feedback
  - D. Describe any changes from the student feedback that may have been incorporated into the program (Any proposed changes **must** be submitted and approved by the Board prior to implementation {NAC 632.795}).
9. **Curriculum, program hours, classes, graduates, examination pass rates**
- A. A copy of the course curriculum
  - B. Title of textbook and/or workbook used, including author name and publication date
  - C. Number of total program hours (facility orientation does not count toward program hours)
    - i. Theory hours
    - ii. Lab hours
    - iii. Clinical hours
  - D. The number of hours of classroom/lab instruction prior to resident contact. (must be at least 16)
  - E. Length of the program (in weeks) for each class.
    - i. List any changes in class schedule (i.e. time or days for each class).
  - F. The number of classes conducted in the last 12 months. (To retain approval program must hold at least one class within 12 months.)
  - G. Number of students who graduated from the program in the last 12 months
  - H. Number of students who passed knowledge examination in previous 12 months
  - I. Number of students who passed the skills examination in the previous 12 months
10. **Training sites**
- A. Name(s) and location(s) of all sites used to teach the theory portion of the program.
  - B. Name(s) and location(s) of all sites used to teach the clinical portion of the program.
    - i. If there are multiple clinical sites, include a copy(ies) of agreements with other facilities/agencies.
    - ii. List the entity that will pay the student certification and testing fees.

# Nevada State Board of NURSING

## 11. Cost/expenses

- A. List costs/expenses which will be incurred by the program for each student. .
- B. List costs/expenses which each student will incur.
- C. List the total out-of-pocket cost for each student.
- D. Describe how and when students will apply for certification, pay fees, and submit fingerprint and testing fees.

## 12. For long-term care facilities only [per CFR 483.75(8)(i-iii)]

- A. List continuing education/training courses offered to your CNA employees during the past 12 months.

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The renewal application fee is \$100. 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:

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