State of California- Health and Human Services Agency

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
MS 3301, P.O. Box 997416
Sacramento, CA 95899-7416
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SCHOOL NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

School Name and Address:

Provider Identification Training Number: ☐ ☐ ☐ ☐ ☐

Phone: _____

County: _____

School Training Site Address (if different):

_____

Registered Nurse responsible for program and CDPH 283 B signage (certifying completion of 150 Hour Nurse Aide Training Program):

_____

Printed Name **Signature**

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the certification training program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a Skilled Nursing Facility or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

Training Schedule (check/circle one): DAYS AM PM WEEKENDS

Training Schedule – Hours: _____

Clinical Hours: _____

Name of Curriculum Used: _____ Student Fees: _____

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

_____ _____

Signature of Applicant - Owner Date

SCHOOL NURSE ASSISTANT CERTIFICATION
TRAINING PROGRAM APPLICATION

		A	B
Module I:	INTRODUCTION	Theory _____	Clinical _____
Module II:	Patient's Rights	Theory _____	Clinical _____
Module III:	Interpersonal Skills	Theory _____	Clinical _____
Module IV:	Prevention Management of Catastrophe and Unusual Occurrence	Theory _____	Clinical _____
Module V:	Body Mechanics	Theory _____	Clinical _____
Module VI:	Medical and Surgical Asepsis	Theory _____	Clinical _____
Module VII:	Weights and Measures	Theory _____	Clinical _____
Module VIII:	Patient Care Skills	Theory _____	Clinical _____
Module IX:	Patient Care Procedures	Theory _____	Clinical _____
Module X:	Vital Signs	Theory _____	Clinical _____
Module XI:	Nutrition	Theory _____	Clinical _____
Module XII:	Emergency Procedures	Theory _____	Clinical _____
Module XIII:	Long – Term Care Patient	Theory _____	Clinical _____
Module XIV:	Rehabilitative Nursing	Theory _____	Clinical _____
Module XV:	Observation and Charting	Theory _____	Clinical _____
Module XVI:	Death and Dying	Theory _____	Clinical _____
	TOTAL HOURS:	_____	_____

A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR REIVEW AND CONSIDERATION REGARDING CERTIFICATION TRAINING PROGRAM APPROVAL:

1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall include:
   a) The student behavioral objective(s)
   b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
   c) The method of teaching
   d) The method of evaluating knowledge and demonstrable skills

2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
   a) A listing of the duties and skills the nurse assistant must learn
   b) Space to record the date when the nurse assistant performs each duty/skill
   c) Spaces to note satisfactory or unsatisfactory performance
   d) Signature of the approved Director of Staff Development / Instructor

3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.

4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.

5) Clinical site agreement.

6) Application for RN, Program Director, DSD / Instruction Application (CDPH 279).

California Department of Public Health Use Only

Training Schedule Approved: DAYS AM PM WEEKEND

Class Schedule – Hours: _____ Clinical Schedule – Hours:

☐ Approved By: _____ Date:_____

(CDPH, ATCS, Training Program Review Unit Representative)