

DIRECTOR OF STAFF DEVELOPMENT (DSD) / INSTRUCTOR APPLICATION

TYPE OR PRINT LEGIBLY

Facility/School/Agency Telephone Number	County	Provider Identification Training Number ("S" or "F" Number)
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Facility / School / Agency Name and Address:

Type of Training to be Offered:

- Orientation and In-Service Training Programs Only
- Nurse Assistant Training Program (NATP) Only
- Orientation, In-Service, and NATP

Applicant's Name	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse (LVN)	California Nursing License Number	Expiration Date
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Signature of Applicant

Hours Employed _____ per week _____ per month	Date Employed as DSD / Instructor	Facility Licensed Bed Capacity (if applicable)	Date Submitted to CDPH
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Please Submit:

- 1) Resume showing work experience. Include month/year to month/year of work experience, name and address of employer, contact telephone number for HR or administration to validate the work experience, and the name of supervisor. Failure to supply adequate information to meet state and federal instructor requirements will result in non-approval of application.
- 2) Proof of 24-hour BRN approved DSD class or transcript of college courses related to education programs in nursing.
- 3) Copy of active nursing license.

Facility / School / Agency or Employer Information:

Name		Telephone Number	
Mailing Address (Number and Street or P.O. Box Number)	City	County	Zip Code
Administrator Signature	Printed Name		Date
SNF-DON Signature or NATP RN Program Director Signature	Printed Name		Date

FOR OFFICE USE ONLY

Approved	Date	By: Program Consultant
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