

PROVIDER REQUEST FOR COURSE APPROVAL

Instructions:

1. Please complete a course approval application for **each** course you are requesting to receive NHAP credit.
2. Please enclose a **check or money order** (payable to NHAP) with the appropriate fee for **each** course you are requesting to receive NHAP credit. For a current **fee list**, please visit our website at: www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/NHAPFees.aspx
3. Please include instructor(s) CV and course objective.
4. Applications for course approval **must be** submitted, and received by, NHAP within thirty (30) days prior to the course date. Courses received more than thirty (30) days after course date may be denied.

Provider's Name		Provider Number		Telephone Number	
Address of Record (Number and Street Name)			(City)	(State)	(Zip Code)
Title of Course				Provider Email Address	
Date(s) Offered		Total Class Hours		Units (Semester/Quarter)	
Type of Offering (Semester, Lecture, Workshop, etc.) <input type="checkbox"/> SEMINAR <input type="checkbox"/> WORKSHOP <input type="checkbox"/> LECTURE <input type="checkbox"/> OTHER (Describe): _____		Lecture/Course Content			
P Credit Topics and Hours Requested					
<input type="checkbox"/> Resident Care		<input type="checkbox"/> Environment Management		<input type="checkbox"/> Patient Care and Aging	
<input type="checkbox"/> Personnel Management		<input type="checkbox"/> Regulatory Management		<input type="checkbox"/> Administration, Leadership, and Management	
<input type="checkbox"/> Financial Management		<input type="checkbox"/> Organizational Management		<input type="checkbox"/> Other: _____	
Variable Hours (Min./Max Hours a Participant can Receive) _____ MINIMUM _____ MAXIMUM		<input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 3 DAYS <input type="checkbox"/> 4 DAYS <input type="checkbox"/> 5 DAYS (OR MORE)			
Instructor Name				Fees	
Instructor Education					
Instructor Teaching Experience					
Instructor Experience in Long-Term Care					
Brief Description of Course (1-3) Bullets					
Teaching Methods					

Course Content: (Outline Form Including Hour-By-Hour Agenda)
Method of Course Evaluation by Students

*Maintenance of the information requested on this form is authorized by Section 1416.50 of the Health and Safety Code. No items of information are voluntary; all are required. **Failure to provide any of the required information or to submit thirty (30) days prior to course date will result in the application being rejected as incomplete.***

Applicant's Signature	Date
Name/Title (Print)	

APPLICANTS—DO NOT USE THIS SPACE BELOW—FOR NHAP USE ONLY

Your request for course approval has been reviewed and the following decision has been made:

- The course is approved for full credit.
- The course is approved as an "Approved Course in Aging or Patient Care."
- The course is approved for half credit because it is in an allied field.
- NHAP credit is denied. See enclosed letter.

NHAP Course Number	Approved By	Hours Approved
Course Approval Expiration Date	Denied By	Date

Cash # _____	STATUS	
NHAP Initials _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Amount _____	<input type="checkbox"/> Less than 30 days	<input type="checkbox"/> Missing Information
	<input type="checkbox"/> Resume(s) if applicable	<input type="checkbox"/> Agenda
	<input type="checkbox"/> Fee of each course	<input type="checkbox"/> Number of courses offered
	Staff	Date Processed

All information requested by the application is required by the California Department of Public Health, Nursing Home Administrator Program (NHAP). Maintenance of the information requested on this form is authorized by Section 1416.50 of the Health and Safety Code. **Failure to provide any of the required information will result in the application being rejected as incomplete.** For more information or access to records containing your personal information maintained by CDPH, contact the NHAP, P.O. Box 997416, MS 3302, Sacramento, CA 95899-7416, (916) 552-8780.