**Nursing Assistant Training Program Application**

**Instructions:**

* To apply to open a new nursing assistant training program, please complete the following application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nursing Assistant Training Program Application | | | | | |
| **Check which type of program you are applying to start (one per application):**  Traditional  Home Care Aide Alternative “Bridge”  Medical Assistant Alternative “Bridge | | | | | |
| 1. Demographic Information | | | | | |
| UBI #: | | Federal Tax ID #: | | | |
| Legal Name of Sponsoring Agency/Facility/Hospital/School/ or Other Entity: | | | | | |
| Mailing Address of Program: | | | | | |
| City: | State: | | Zip Code: | | County: |
| Physical Address (if different than mailing address) | | | | | |
| City: | State: | | Zip Code: | | County: |
| Program Phone (10 digit #): | | | Cellular Phone (10 digit #): | | |
| Program Email: | | | | | |
| Name of Agency Owner: | | | | | |
| Owner Email: | | | | Phone Number (10 digit #): | |
| Name of Program Director: | | | | | |
| Program Director Email: | | | | Phone Number (10 digit #): | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Program Information   **Please answer the following questions (attach additional pages if you need more space).** | | | | |
| 1. **Classroom Space & Resources**   Describe the classroom space allotted to the training program:   * 1. Review the physical and electronic requirements for nursing assistant training programs ([WAC 246-841A-450](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-450&pdf=true)) and attest here with your initials and the date that your program has what is required to begin offering classes: *Initials:*\_\_\_\_\_ and *Select Date*   2. Please submit pictures with your application to demonstrate the program has a classroom space that meets requirements and is suitable for teaching and learning. | | | | |
| 1. **Skills Lab and Equipment & Supplies**   Describe the skills lab space:   * 1. View the [Required Equipment and Supply List](https://nursing.wa.gov/sites/default/files/2022-11/NA-Equipment-List-669371.pdf) for nursing assistant training programs and attest here with your initials and the date that you have them available to begin offering classes: *Initials:* \_\_\_\_\_ and *Select Date*   2. Please submit pictures with your application to demonstrate the program has the required skills lab equipment and supplies available. | | | | |
| 1. **Training Program Hours**     1. List the number of training hours proposed for your training program. Provide the Total Program Hours and the breakdown of hours for Classroom/Theory, Skills Lab, and Clinical training hours:   Total Program Hours:  Classroom Hours: Skills Lab Hours:  Clinical Hours: | | | | |
| 1. **Training Resources**   List the textbook resource for your training program (title, publisher, year):  List other resources you will use in your training program (videos, websites, etc.). Please provide publisher/year information and/or direct link(s) to websites: | | | | |
| 1. **Course Instructors** | | | | |
| **List all instructors (First Name, Last Name) of your training program and submit applications for each instructor listed. Attach additional pages if you need more space.** | | | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| 1. **Clinical Facilities** | | | | |
| List all facilities where you will provide clinical training. For each facility, an affiliation agreement must be included with the program application. Attach additional pages if you need more space. | | | | |
| **Name of Facility** | **Address** | | **Phone (10 digit #)** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| 1. Required Online Orientation | | | | |
| Key program personnel must attend an online orientation prior to submitting a program application. Please indicate the date you attended or find an upcoming date by emailing [WABONEducation@doh.wa.gov](mailto:WABONEducation@doh.wa.gov) . | | | | Date: *Enter Date* |
| 1. **Attestation and Signature** | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that, in accordance with [WAC 246-841A-420](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true), I must submit the additional items listed below with this application to create a complete nursing assistant training program application. I understand the Washington State Board of Nursing (WABON) must approve my application before classes can be offered. I also understand I must obtain approval from any other regulatory agencies as required before classes can be offered, per [WAC 246-841A-420(2)(g)](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true).  **The additional required items to submit with this application include:**   |  |  | | --- | --- | | * A Program Owner Declaration | * A Clinical Skills Checklist | | * A Program Director Application | * A Student Record | | * A Program Director Declaration for the program type   (Traditional, HCA or MA Alternative Bridge, or MACE) | * An Attendance Record | | * A Program Instructor Application(s) | * A Clinical Affiliation Agreement | | * A Curriculum Implementation Plan with Schedule | * Photographs of Space, Equipment, and Supplies | | * A Student Enrollment Agreement (or equivalent) | * Verification of approval of applicable co-approving agency per [WAC 246-841A-420(2)(g).](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true) | | * A Skills Lab Checklist |   **\*Optional:** If you plan to use online modalities, also submit the correct form for using either a live online format for classroom/theory teaching or a hybrid format with asynchronous elements.  **Signature of applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** *Enter Date*  **Please print, sign, and return via email to** [**NCQAC.EDUCATION@DOH.WA.GOV**](mailto:NCQAC.EDUCATION@DOH.WA.GOV) | | | | |