**Nursing Assistant Training Program Director Application Packet**

**Instructions:**

* To apply be a Training Program Director, please complete the following application.

|  |
| --- |
| Nursing Assistant Training Program Director Application |
| 1. Demographic Information
 |
| **Check each type of program you are applying for and add the program number.**[ ]  Traditional Program #  [ ]  Medical Assistant Bridge Program # [ ]  Home Care Aide Bridge Program #  [ ]  Medication Assistant Endorsement Program #  |
| Name (First, Middle, Last): *Enter Name*  |
| Address:*Enter personal address here* |
| City: *Enter city* | State:*Enter state* | Zip Code: *Enter Zip* | County:  *Enter County* |
| Phone (enter 10 digits #): *Enter #* | Cell (Enter 10 digits #):*Enter #* | Work (enter 10 digits #): *Enter #* |
| Email Address: *Enter Email* |
| Registered Nurse or Licensure Practical Nurse Credential #: *Enter Credential #* | Credential Expiration Date: *Enter Date* |
| Name of Nursing Assistant Training Program: *Enter Name* |
| Physical Address of Nursing Assistant Training Program: *Enter Street Address* | Phone Number (enter 10 digits #): *Enter #* |
| City: *Enter City* | State:WA | Zip Code: *Enter Zip Code* | County: *Enter County* |
| 1. Personal Data Questions [[WAC 246-841A-430](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-430&pdf=true)]
 |
| **Please answer the following questions:**1. Have you ever had any license, certificate, registration, or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? [ ]  **YES** [ ]  **NO -- If YES**, please explain:
2. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred of suspended as an adult or juvenile in any state or jurisdiction? [ ]  **YES** [ ]  **NO -- If YES**, please explain:
3. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? [ ]  **YES** [ ]  **NO -- If YES**, please explain:
 |

|  |
| --- |
| **3. Education and Training** [[WAC 246-841A-430](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-430&pdf=true)] |
| **List all experience starting with your educational and training preparation in date order. Attach additional pages if you need more space.**  |
| **Full Name, City and State/Schools Attended** | **Degree/Certification Completed** | **Entrance Date** | **Ending Date** |
|  |  | *Select Date (MM/YY)* | *Select Date (MM/YY)* |
|  |  | *Select Date (MM/YY)* | *Select Date (MM/YY)* |
|  |  | *Select Date (MM/YY)* | *Select Date (MM/YY)* |
| **Please answer the following questions [**[**WAC 246-841A-430**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-430&pdf=true)**]:** 1. Have you completed a training course on adult instruction? [ ]  **YES** [ ]  **NO -- If YES**, please also submit a copy of your certificate of completion or transcript.

 ***--OR--***1. Do you have one year of experience teaching adults, beyond patient teaching? [ ]  **YES** [ ]  **NO** -- **If YES**, please explain:

 ***--OR--***1. Are you working exclusively in a secondary or postsecondary educational setting? [ ]  **YES** [ ]  **NO**
 |
| 1. **Experience [**[**WAC 246-841A-430**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-430&pdf=true)**]**
 |
| **List all experience in date order, starting with the most recent:**  |
| Job Title: | Start Date: *Select Date MM/YY* | End Date:*Select Date MM/YY* |
| Agency Name: |
| Agency Address:  |
| Job Duties Performed: |
| Job Title: | Start Date: *Select Date MM/YY* | End Date:*Select Date MM/YY* |
| Agency Name: |
| Agency Address:  |
| Job Duties Performed: |
| Job Title: | Start Date:*Select Date MM/YY* | End Date:*Select Date MM/YY* |
| Agency Name: |
| Agency Address:  |
| Job Duties Performed: |
| Job Title: | Start Date:*Select Date MM/YY* | End Date:*Select Date MM/YY* |
| Agency Name: |
| Agency Address: |
| Job Duties Performed: |
| 1. **Required Online Orientation**
 |
| **Please indicate the date you completed or will complete the online orientation for directors *(see date options*** ***on our*** [***website***](https://nursing.wa.gov/education/nursing-assistant-education/na-program-info/add-or-remove-program-personnel/add-program-personnel/add-new-program-director) ***or email*** WABONNursingAssistantsED@doh.wa.gov ***):***  *Select Date***Please Note**: Program Directors must complete online orientation within 30 days of approval [[WAC 246-841A-430(3)]](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-430&pdf=true) |
| 1. **Signature**
 |
| I certify that I provided the information in this application and it is true to the best of my knowledge and belief. I agree to comply with all regulations for nursing assistant training programs, including but not limited to [WAC Chapter 246-841A](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A). **Signature of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** *Selectr Date* **Please print, sign, and return via email to** WABONNursingAssistantsED@doh.wa.gov |