

INSTRUCTOR OR DIRECTOR OF STAFF DEVELOPMENT (DSD) APPLICATION

Please Submit to the Training Program Review Unit at TPRU@cdph.ca.gov

TYPE OR PRINT LEGIBLY

Facility/ School Telephone Number	Facility/ School County	Provider Identification Training Number ("F" or "S" Number)	
Facility/ School Name and Mailing Address:		Types of Training to be Offered:	
		<input type="checkbox"/> Orientation and In-Service Training Programs <input type="checkbox"/> Nurse Assistant Training Program (NATP)	
Applicant's Name		California Nursing License Number	
		<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse (LVN)	
Hours Employed _____ per week _____ per month	Date Employed as Instructor or DSD	Facility (SNF) Licensed Bed Capacity	Instructor or DSD # (if prior approval)
Applicant's Signature		Applicant's Email Address	

Please submit the following, if you are not previously approved as an Instructor or DSD:

- Submit resume showing work experience. Include month/year to month/year of work experience, name and address of employer, contact telephone number for Human Resources or administration to validate the work experience, and the name of supervisor.
- 1 year of verified experience in "Planning, Implementing, and Evaluating Educational Programs in Nursing."
- or Proof of 24-hour California Board of Registered Nurses approved course certificate of completion for "Planning, Implementing, and Evaluating Educational Programs in Nursing"
- or Transcript from an accredited educational institute of a course(s) in "Planning, Implementing, and Evaluating Educational Programs in Nursing."

Facility / School Information:

By signing below, we assure that the applicant above meets the qualifications provided in the Title 22, California Code of Regulations, §71829(d).

Printed Name of Administrator / Owner		Printed Name of Director of Nursing/ Program Director RN	
Administrator / Owner Signature	Date	Director of Nursing/ Program Director RN Signature	Date
Administrator / Owner Email Address		Director of Nursing/ Program Director RN Email Address	

FOR DEPARTMENT USE ONLY

Instructor or DSD Approval Number	Date	By: Training Program Review Unit Staff
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