Montana Department of Public Health and Human Services

Quality Assurance Division

Nurse Aide Registry

PO Box 202953, Helena MT 59620-2953

Email: <u>cna@mt.gov</u> Website: <u>www.dphhs.mt.gov/cna</u>

Phone: 406-444-4980

Nurse Aide Training Program Application for Program Coordinator and/or Instructor

All Coordinators/Instructors must meet the following criteria:

- 1. All instructors must have completed a course in teaching adults or have experience in teaching adults or supervising aides.
- 2. The Director of Nursing may only be a Program Coordinator and cannot apply as an instructor.
- Program Coordinator (must be a RN) and/or Clinical Instructor (RN or LPN) must have two years of nursing experience; at least one year must be in the provision of long term care services.
- 4. Supplemental Instructor must have at least one year of experience in their field.

Applicant Information:			
Name:			
Mailing Address:			
Address	City	State Zip	o Code
Phone:	Email Address:		
License Type:	License Numbe	r:	
Applying for: Program Coordinator Clinical Instructor Supplemental Instructor			
Name of Program:			
 Please enclose the following: Copy of current Montana license/certification if applica A resume that includes work and teaching experience Completed Application 	ble		

Applicant's Signature: