



Oregon State Board of Nursing

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E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nursing Assistant, Medication Aide or CNA2
Training Program Instructor Application

Attach appropriate non-refundable fee with application

Check all items below that apply and include fee with this application, when applicable.

Nursing Assistant :

- Program Director \$25 fee
Primary Instructor \$10 fee
Clinical Preceptor No fee
Clinical Instructor No fee

Medication Aide :

- Program Director \$25 fee
Primary Instructor \$10 fee
Clinical Preceptor No fee

CNA2 :

- Program Director \$25 fee
Primary Instructor \$10 fee
Clinical Preceptor No fee
Clinical Instructor No fee

Last Name First Name MI

Mailing Street Address City State Zip Code

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Area Code Home Unlisted E-mail (Optional)

Social Security Number

RN LPN

License Number License Type Expiration Date

Training Program Name CNA2 Category Program Director Name

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Current Employer Name Area Code Employer Telephone Number

Employer Street Address City State Zip Code

YES NO

Start Date Still Employed? If not employed, End Date

Duties Role

Official Use Only

Expiration Date:

Approved: YES NO

Status:

Signature:

Experience: YES NO

Date Approved:

LTC met: YES NO

Train - the - Trainer

Previous Employer Name () Area Code Employer Telephone Number

Employer Street Address City State Zip Code

YES NO

Start Date Still Employed? If not employed, **End Date**

Duties Role

Basic School of Nursing Degree Earned Date Graduated

Other Academic School of Nursing Degree Earned Date Graduated

Other Academic School of Nursing Degree Earned Date Graduated

Other courses/instruction/experience that have prepared you to Direct/Instruct a NA or MA training program:
(See OAR 851-061-0080 (1) for Program Director Qualifications, and OAR 851-061-0080 (3) for Primary Instructor Qualifications).

- 1. _____
- 2. _____
- 3. _____

Responsibilities For Clinical Instructors and Preceptors ONLY	
What do you understand your role/duty will be as a clinical instructor or clinical preceptor?	
_____ _____	
I have received a job description from the Program Director of this program and understand what my responsibilities are as a clinical instructor or clinical preceptor.	
_____ <i>Signature of Applicant Clinical Instructor or Clinical Preceptor</i>	_____ <i>Date</i>

I hereby certify that I have read this application and further certify that the information provide on this form is true and correct.

Signature of Applicant *Date*

Please Attach a Resume
*** Authorization to Teach is Program and Site Specific ***
You may begin classes after receiving approval from the Oregon State Board of Nursing (OSBN).

I, the Program Director, have reviewed this application.	
_____ <i>Signature of Program Director</i>	_____ <i>Date</i>