



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road, Portland, Oregon 97224-7012

• Phone: 971-673-0685 • Fax: 971-673-0684

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

Nursing Assistant, Medication Aide or CNA2 Training Program Instructor/Director Application

Check all items below that apply and attach appropriate non-refundable fee(s) with application.

Nursing Assistant

Medication Aide

CNA2

AC

DC

RC

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

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

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- Primary Instructor \$10
- Clinical Preceptor *No fee*
- Clinical Instructor *No fee*

Last Name _____ First Name _____ Middle Name _____

Mailing Street Address _____ City _____ State _____ Zip Code _____

()
Area Code Home Telephone Unlisted E-mail _____

Social Security Number _____

RN LPN
License Number _____ License Type _____ Expiration Date _____

Training Program Name _____ Program Director Name _____

()
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 _____ Job Title _____

Official Use Only

Expiration Date: _____ Approved: YES NO

Status: _____ Signature: _____

Experience: YES NO Date Approved: _____

LTC met: YES NO Train-- the – Trainer Required YES NO

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 Job Title

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 (4) 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*

Attach Resume (If LPN also attach the LPN Clinical Preceptor Guidelines form)

*** 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>