



Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Rd.
 Portland, OR 97224-7012
 971-673-0685
 www.oregon.gov/OSBN

Application for Designated Faculty of an Oregon NA/MA/CNA 2 Training Program

NOTE: You may fill out the form electronically in Adobe Acrobat Reader. This form has Adobe electronic signature capability. If you are the Director and have your own Adobe *electronic signature*, you may use it on this form for authorization. Otherwise, you will need to provide a handwritten signature and date.

Mail application to: 17938 SW Upper Boones Ferry Rd, Portland, OR 97224.
 OR email to: john.goodine@state.or.us OR debra.buck@state.or.us

Section 1: Faculty Position Type

Nursing Assistant	Medication Aide	CNA 2
Program Director Primary Instructor Clinical Teaching Associate	Program Director Primary Instructor Clinical Teaching Associate	Program Director Primary Instructor Clinical Teaching Associate
Training Program Name:		
Program Director's Name:		
Director's Signature:	ELECTRONIC SIGNATURE CAPABILITY: See NOTE above Section 1. Your signature indicates that you have reviewed the candidate's qualifications and determined that they meet OSBN requirements at this time, and are recommending that this individual be approved for this program.	Date Signed:

Section 2: New Faculty Member's Contact Information

Last Name:	First Name:	MI
Street Address:		City/State/Zip:
Public/Student access email:	Alternative email for Board communication:	
Public/Student phone number:	Alternative phone number for Board communication:	

Section 3: Oregon Nursing License

Program Director or Primary Instructor Applicant: Must hold active unencumbered Oregon RN license.	
Clinical Teaching Associate Applicant: Must hold active unencumbered Oregon LPN or RN license.	
OR License Number:	Expiration Date:

Section 4: Prior Nursing Employment- Complete all fields in this section and attach your resume with application.

Program Director Applicant: Must have at least 3 years of RN experience, with at least 1 year in direct patient care.			
Primary Instructor Applicant: <u>NA or CNA2 programs:</u> Must have at least 2 years of RN experience; <u>MA programs:</u> 3 years of RN experience, and at least 1 year working with same type of clientele that students will have in their clinical experience.			
Clinical Teaching Associate Applicant: <u>NA or CNA2 programs:</u> Must have at least 1 year of LPN or RN experience. <u>MA programs:</u> At least 1 year of full-time LPN or RN experience, and at least 3 months experience in same type of facility where clinical experience will be completed.			
Employer Name:		Phone:	
Street Address:	City:	State:	Zip:
Position Title:	Lic Number Used:	Lic State:	
Type of Facility:	Start Date:	End Date:	

Section 5: Prior Licensed Nursing Facility Experience

Primary Instructor Applicant: You must have at least one year of nursing experience in <i>long-term care</i> if the Program Director does not.			
Nursing Facility Name:		Phone:	
Street Address:	City:	State:	Zip:
Position Title:	Lic Number Used:	Lic State:	
Start Date:	End Date:		

Section 6: Faculty, Staff Development or Administration Experience

<p>Program Director Applicant: You must meet the requirement in <u>one</u> of the following ways</p> <p><input type="checkbox"/> I have at least one year of experience of:</p> <p style="margin-left: 20px;">a. Being nursing faculty or in a staff development role; or</p> <p style="margin-left: 20px;">b. Evidence of preparation for teaching adults; or</p> <p style="margin-left: 20px;">c. Evidence of equivalent experience for NA or CNA2 programs</p> <p><input type="checkbox"/> I have at least one year of experience as a nurse educator or a nurse administrator for an MA program.</p>
<p>Primary Instructor Applicant: You must meet the requirement in <u>one</u> of the following ways</p> <p><input type="checkbox"/> I have teaching experience or educational preparation for teaching adults in a NA or CNA2 program.</p> <p><input type="checkbox"/> I have at least one year of experience as a nurse educator, nurse administrator or primary instructor in an MA program.</p>
<p><i>Explain how you meet the above requirement, and <u>attach your detailed resume with the application.</u></i></p>

Training & Assessment Policy Analyst Review for Approval- FOR OSBN USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	<input type="checkbox"/> Notification Sent	
Qualified Experience: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Long-Term Care Requirement: <input type="checkbox"/> Not Met <input type="checkbox"/> Not Required <input type="checkbox"/> Met by Applicant <input type="checkbox"/> Met by Program Director		
License Number:	License Exp Date:	License Status:	
OSBN Policy Analyst Signature:			

Notice to Applicants with Disabilities: If you have a disability and require special materials or assistance to complete this application, please contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.