



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: heather.primus@osbn.oregon.gov OR debra.buck@osbn.oregon.gov

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:
Business Email:	Preferred Email:	
Business Phone:	Preferred Phone:	

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.

Program Director Applicant: Must have at least 2 years of RN experience, with at least 1 year in direct patient care.			
Primary Instructor Applicant: Must have at least 2 years of RN experience. MA program applicants must also have at least 1 year of working in the provision of long-term care facility services.			
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 6 months nursing 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 Long-Term Care/Acute Care Facility Experience

Program Director or Primary Instructor Applicant: Either the director or all of the primary instructors of a program must have 1 year of nursing experience in the provision of long-term care facility services (for NA program applicants) or in an acute care facility (for CNA 2 applicants).			
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

Program Director Applicant: You must meet the requirement in at least one of the following ways	
I have evidence of completion of a course on teaching adults	
OR, I have at least one year of experience teaching adults:	As faculty in a nursing education program; or In a staff development role; or As a nurse administrator.
Primary Instructor Applicant: You must meet the requirement in at least one of the following ways	
<u>NA or CNA2 Programs:</u> I have evidence of completion of a course on teaching adults. I have 1 year experience teaching adults.	<u>MA Programs:</u> I have 1 year experience As a nurse educator In a staff development role As a primary instructor in a nursing assistant education program.
<i>Explain how you meet the above requirement, <u>and</u> attach your detailed resume.</i>	

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
<u>Qualified Experience:</u> <input type="checkbox"/> Met <input type="checkbox"/> Not Met	<u>Long-Term/Acute Care Requirement:</u> <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.