



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

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

NOTE: You may fill out the form electronically in Adobe Acrobat Reader. If you are the Director and have your own Adobe *electronic signature*, you may provide it below in Section 1. Otherwise, fill out all other fields electronically, print it out, and provide a handwritten signature and date. Mail application and applicable fees to: OSBN 17938 SW Upper Boones Ferry Rd Portland OR 97224.

Section 1: Faculty Position Type & Fees- Check all boxes that apply.

Nursing Assistant	Medication Aide	CNA 2
Program Director \$25 Primary Instructor \$10 Clinical Teaching Associate (no fee)	Program Director- \$25 Primary Instructor- \$10 Clinical Teaching Associate (no fee)	Program Director- \$25 Primary Instructor- \$10 Clinical Teaching Associate (no fee)
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:
Email Address:		

Section 3: Oregon Nursing License

Program Director or Primary Instructor Applicant: You must hold a current, unencumbered Oregon RN license.	
Clinical Teaching Associate Applicant: Hold an unencumbered Oregon LPN or RN license.	
OR License Number:	Expiration Date:

Section 4: Nursing Employment- attach your resume if needed to included additional nursing employment.

Program Director Applicant: You must have at least 3 years of RN experience, with at least one year in direct patient care.			
Primary Instructor Applicant: 2 years of RN experience for NA or CNA2 programs; 3 years for MA programs.			
Clinical Teaching Associate Applicant: <u>NA or CNA2 programs:</u> One year of LPN/RN experience; <u>MA programs:</u> One year of full-time LPN/RN experience, and 3 months experience in a licensed facility of same setting as where MA program clinical experience is completed.			
Employer Name:		Phone:	
Street Address:	City:	State:	Zip:
Position Title:	Lic Number Used:	Lic State:	
Type of Facility:	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	

Section 5: Licensed Nursing Facility Experience

Primary Instructor Applicant for an NA Program: You must have at least one year of nursing experience in a licensed nursing facility <u>if</u> the Program Director does not.			
<i>Attach your resume if needed to include additional nursing employment.</i>			
Employer Name:		Phone:	
Street Address:	City:	State:	Zip:
Position Title:	Lic Number Used:		Lic State:
Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)		

Section 6: Faculty, Staff Development or Administration Experience

<p>Program Director Applicant:</p> <p>For NA or CNA 2 Programs: I meet the requirement in one of the following ways:</p> <ol style="list-style-type: none"> At least one year of experience as nursing faculty or in a staff development role; or Evidence of preparation for teaching adults (such as completion of a "Train the Trainer" course- include copy of your certificate); OR Evidence of equivalent experience <p>For MA Programs: Must have at least one year of experience as a nurse educator or a nurse administrator.</p>
<p>Primary Instructor Applicant:</p> <p>For NA or CNA 2 Programs: I have teaching experience or educational preparation for teaching adults (such as completion of a "Train the Trainer" course- include copy of your certificate)</p> <p>For MA Programs: I have at least one year of experience as a nurse educator, nurse administrator or primary instructor.</p>
<i>Attach your resume if needed to include additional nursing employment.</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	
Qualified Experience: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Long-Term Care Requirement: <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Required		
License Number:	Lic 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.