

NURSING HOME ADMINISTRATOR PROGRAM

P O Box 942732, Sacramento, CA 94234-7320

Telephone: (916) 323-6838

PROVIDER REQUEST FOR COURSE APPROVAL

- Instructions:
1. Submit in Duplicate
 2. Complete **both** sides of form
 3. **Check or money order for \$15.00 must accompany request**
 4. Refer to Guidelines for Approval of Continuing Education Providers and Courses

FOR OFFICE USE ONLY	
Amount	_____
Init.	_____

PLEASE PRINT OR TYPE

NAME OF PROVIDER		PROVIDER NUMBER	TELEPHONE NUMBER	
ADDRESS OF RECORD		(CITY)	(STATE)	(ZIP CODE)
TITLE OF COURSE				
DATE(S) OFFERED		TOTAL CLASS HOURS	UNITS (SEMESTER/QUARTER)	
TYPE OF OFFERING (SEMINAR, LECTURE, ACADEMIC WORKSHOP, ETC.)				
PREREQUISITES None		FEES _____		
INSTRUCTOR NAME				
INSTRUCTOR EDUCATION				
INSTRUCTOR TEACHING EXPERIENCE				
INSTRUCTOR EXPERIENCE IN LONG-TERM CARE				
BRIEF DESCRIPTION OF COURSE				
COURSE OBJECTIVES				

COMPLETE REVERSE SIDE OF FORM

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TEACHING METHODS
COURSE CONTENT: (OUTLINE FORM INCLUDING HOUR-BY-HOUR AGENDA)
METHOD OF COURSE EVALUATION BY STUDENTS

*Maintenance of the information requested on this application form is authorized by Sections 3920 and 3921 of the Business and Professions Code. No items of information are voluntary; all are required. **Failure to provide any of the required information will result in the application being rejected as incomplete.***

SIGNATURE OF APPLICANT	DATE
NAME/TITLE	

DO NOT WRITE BELOW THIS LINE

Your request for course approval has been reviewed by Board staff and the following decision has been made:

- The course is approved for full credit.**
- The course is approved as an “Approved Course in Aging or Patient Care.”**
- The course is approved for half credit because it is in an allied field.**
- NHAP credit is denied. See enclosed letter.**
- Patient care/aging hours identified in break-out sessions. See enclosed letter.**

NHAP COURSE NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE

THIS FORM MAY BE LOCALLY PHOTOCOPIED