



NURSE ASSISTANT (CNA) PRIMARY INSTRUCTOR APPLICATION

IDAPA 23.01.01.640.01 identifies the following Nurse Assistant primary instructor requirements:

1. A current unencumbered license to practice as a registered nurse in Idaho
2. Evidence of three (3) years’ experience working as a registered nurse
3. Evidence of two (2) years’ experience in caring for the elderly or chronically ill of any age
4. Evidence of completion of a course in methods of instruction or a Train-the-Trainer type program

Note: Your application should be sponsored by an educational institution currently offering an Idaho Board of Nursing-approved Nursing Assistant Training Program.

Applicant Contact Information

Name			Idaho RN/APRN License(s) Number(s)	Expiration date
Mailing Address			Phone Number	
City	State	Zip	e-mail address	

Sponsoring Educational Institution (Must be accredited by an organization recognized by the U.S. Department of Education.)

Institution Name	Program Name
Program Director	Location/Site of Program
Program Director Phone	Program Director e-mail address

Experience working as a Professional Nurse (Start with most recent)

1	Name of Institution	Location	Dates Employed	Hrs/Wk
	Position Held	Supervisor	Population focus	
2	Name of Institution	Location	Dates Employed	Hrs/Wk
	Position Held	Supervisor	Population focus	
3	Name of Institution	Location	Dates Employed	Hrs/Wk
	Position Held	Supervisor	Population focus	
4	Name of Institution	Location	Dates Employed	Hrs/Wk
	Position Held	Supervisor	Population focus	

Note: Please attach additional pages if necessary to document work history.

Preparation for Teaching (Only one required)

Methods of Instruction Course

Educational Institution

Name of class

Number of Credits

Date completed

Or

Train-the-Trainer Course

Educational Institution

Name of class

Number of Hours

Date completed

Previous Experience Teaching Nurse Assistant Courses (If any, not required)

1

Name of Institution

Location

Dates Taught

2

Name of Institution

Location

Dates Taught

I attest all information included on this form is true and correct.

Applicant Signature

Date

Sponsoring Educational Institution
Program Director Signature

Date

Completed applications can be sent to the Idaho Board of Nursing via:

- Mail to the address below.
- Scan and email to judy.taylor@ibn.idaho.gov
- Fax to 208-334-3262 Attn: Judy Taylor

Note: A letter stating the Board of Nursing decision will be mailed to both the applicant and the sponsoring institution 10-15 business days after receiving the application.

FOR OFFICE USE ONLY			
Date:		Approved Not Approved Approved	Comments:
Initials:			