



**WEST VIRGINIA DIVISION OF HEALTH & HUMAN RESOURCES
NURSING ASSISTANT TRAINING PROGRAM**

APPLICATION FOR APPROVAL OF NURSING ASSISTANT PROGRAM

Instructions: Submit the original typed application form. Retain a copy for your records.

Return to: Office of Inspector General – OHFLAC
Nursing Assistant Training Program
408 Leon Sullivan Way
Charleston West Virginia 25301-1713
Phone: (304) 558-0050 Fax: (304) 558-1442

Name & Address of Training Provider:

Phone Number:

Email Address:

Program Number:

Fax Number:

Program Information:

Check which applies:

Total number of course hours: _____
Hours classroom/lab: _____ Clinical: _____
Projected start date: _____
Projected number of students per class: _____

_____ New Program
_____ Change in existing Program
Program number (if applicable): _____

Location of classroom

(room number & address if different from above):

Location(s) of clinical training

Use separate sheet if more than one):

Name of Program Director/Coordinator: _____ Date: _____

Signature of Program Director/Coordinator: _____

Day time telephone number: _____

Keep copy for school records; send original to NATCEP office.

FOR STATE USE ONLY

Approved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	By:	_____
(This approval is for this program ONLY)						Date:	_____