

UTAH NURSING ASSISTANT REGISTRY

550 East 300 South

Kaysville, Utah 84037

Phone: 801- 547-9947

Fax: 801-593-2584

PROGRAM COORDINATOR APPLICATION

This form must be submitted when an individual is requesting approval to be the Program Coordinator, to replace a Program Coordinator or when applying for program renewal of an approved Nursing Assistant Training Program in the state of UTAH.

Facility/Agency Name and Address

NAME OF PROGRAM COORDINATOR: _____

(Attach copy of current RN license and resume)

1. Completed a UNAR approved "Train the Trainer" program **prior to approval of the nursing assistant training program** or meets requirements for waiver. If new coordinator, please attach copy of certificate or proof of experience.
2. The Program Coordinator in a nursing facility-based program may be the director of nursing for the facility as long as the facility remains in full compliance with OBRA requirements and will be relieved of their duties as DON if they will be teaching in the program. Is the Program Coordinator the Director of Nursing? _____.
3. There is attached documentation that verifies the Program Coordinator **meets all requirements** in the UNAR Program Coordinator job description.
4. The Program Coordinator must have a minimum of 3 hours per month of **documented supervision** of the program.

Day Telephone number _____ E-mail address _____

I certify the above information is correct:

Applicant Printed Name _____

Applicant Signature _____ Date _____

(Please make a copy of this application for your files so you have the information for further reference)