

Nurse Aide Training Program – Trainer Application

Instructions: The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) authorizes the Department of Health Services to review and determine eligibility for nurse aide program trainers under the requirements of the Medicare and Medicaid programs. Completion of this form is voluntary; however, the information collected on this form is used to determine if federal and state program trainer eligibility requirements have been met.

Provide requested information for all trainers. Add any information that you believe is pertinent. (Submit additional pages, if needed.)

Submit completed application and materials to:

Email: Dhswidqa_natcep@dhs.wisconsin.gov

Fax: (608)226-5524

If you have questions about completing this form, email dhswidqa_natcep@dhs.wisconsin.gov

I. Personal information

Provide the following:

- Copy of your current applicable Wisconsin license
- Copy of your resume
- Copy of your orientation plan (How facility/NA program will orient the trainer to the requirements and responsibilities of being a trainer).

Note: To be approved as a program trainer, state and federal regulations require that you have a minimum of one year of experience in the area in which you will provide training.

Name (Last, First, MI) (Do not use nicknames): _____

Title: _____ Phone number: _____ Email address: _____

Name - Program: _____

II. Education

Name – School/College: _____

Years attended: _____ Year of graduation: _____

Diploma or degree: _____ Year received: _____

Address – Street: _____

City: _____ State: _____ ZIP code: _____

III. Section program trainer will be teaching

Name of section/topic: _____

IV. Licensure (Attach additional pages, if necessary.)

Type of license (attach copy of license): _____ State of issuance: _____

Issuance date (MM/dd/yyyy): _____ Expiration date (MM/dd/yyyy): _____

DHS Office Use Only

Program trainer approved Approval pending - information needed Program trainer denied – Provide reason below.

Name – Reviewer

Title

Date reviewed (MM/dd/yyyy)