

FEEDING ASSISTANT TRAINING PROGRAM PRIMARY INSTRUCTOR APPLICATION

- 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 feeding assistant primary instructors 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 primary instructor eligibility requirements have been met.
- Providing the primary instructor's social security number is voluntary; however, social security numbers are one of the unique identifiers used to prevent incorrect identity mismatches; e.g., the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions.
- Complete and mail this form to: **Wisconsin Feeding Assistant Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969**
- **Print neatly in BLACK INK or type.**

I. PERSONAL INFORMATION

- Provide a copy of your Social Security card and a form of identification to verify your current name.
- Provide a copy of your current Wisconsin license.

NOTE: To be approved as a feeding assistant primary instructor, state and federal regulations require that you are currently licensed to practice in your respective field in Wisconsin.

Full Name (<i>Do not use nicknames.</i>)			Title	
Last	First	M.I.		
Social Security Number		Wisconsin License Number		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Current Mailing Address (Street / P.O. Box)			City	State Zip Code
Telephone Number (Home)	Telephone Number (Work)		E-mail Address	
Name – Training Program You Intend to Instruct				

II. EDUCATION

Name – School / College			Year of Graduation	
Street Address		City	State	Zip Code

III. CREDENTIALS (*Attach copy of license / credential. Attach additional pages, if necessary.*)

Type of License / Credential	State of Issue	Date Issued (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
------------------------------	----------------	--------------------------	------------------------------

