

## DIRECTOR OF STAFF DEVELOPMENT (DSD) / INSTRUCTOR APPLICATION

**TYPE OR PRINT LEGIBLY**

Facility/School/Agency Telephone Number	County	Provider Identification Training Number ("S" or "F" Number)
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Facility / School / Agency Name and Address:

Type of Training to be Offered:

- Orientation and In-Service Training Programs Only
- Certification Training Program Only
- Orientation, In-Service, and Certification Training Programs

Applicant's Name	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Vocational Nurse	California Nursing License Number	Expiration Date
Hours Employed _____ per week _____ per month	Date Employed as DSD / Instructor	Facility Licensed Bed Capacity (if applicable)	Date Submitted to CDPH

**Please Submit:**

- 1) Resume showing work experience. Include month/year of work experience, name and address of employer, contact telephone number for HR or administration to validate the work experience, and the name of supervisor. Failure to supply adequate information to meet state and federal instructor requirements will result in non-approval of application.
- 2) Proof of 24-hour BRN approved DSD class or transcript of college courses related to education programs in nursing.
- 3) Copy of active nursing license.

**Facility / School / Agency or Employer Information:**

Name		Telephone Number	
Mailing Address (Number and Street or P.O. Box Number)	City	County	Zip Code
Administrator / Program Director Signature and Title	Printed Name		Date
Director of Nursing Signature	Printed Name		Date

**FOR OFFICE USE ONLY**

Approved	Date	By: Program Consultant
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