

## HEMODIALYSIS TECHNICIAN/PATIENT CARE TECHNICIAN TRAINING PROGRAM APPLICATION

<i>FOR OFFICE USE ONLY</i>
ID number:

Date:
-------

Name of provider:	Phone number: (    )
Address (number, street)	(City) (County) (State) (ZIP code)

Provider:       School                       Clinic

### CLINIC/SCHOOL DISCLOSURE

Print Name and Title of Medical Director	Signature of Medical Director
Print Name and Title of Registered Nurse (RN) Director	Signature of Registered Nurse (RN) Director
Governing Body	Signature of Chairperson of Governing Body

### RN INSTRUCTOR INFORMATION

CDPH USE  
ONLY

	Name of RN (Print)	Signature of RN	Resumé Included	Approval
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Minimum of eighty (80) hours of theory and a minimum of two hundred (200) hours of clinical. The following topics must be included in the training:

<b>NAME OF CURRICULUM</b>	Length of Theory Training	Length of Clinical Training
Principles of dialysis	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Care of patients with kidney failure; including interpersonal skills	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Dialysis procedures and documentation; including initiation, proper cannulation techniques, monitoring and termination of dialysis	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Possible complications of dialysis	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Water treatment and dialysate preparation	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Infections control	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Safety	<input type="text"/> Hrs.	<input type="text"/> Hrs.
Dialyzer reprocessing; if applicable	<input type="text"/> Hrs.	<input type="text"/> Hrs.
List other topics and hours (use a separate sheet if necessary)	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.
	<input type="text"/> Hrs.	<input type="text"/> Hrs.