



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

APPLICATION FOR APPROVAL AS A NURSING ASSISTANT TRAINING AGENCY

DATE SUBMITTED

NEW APPLICATION RENEWAL APPLICATION REVISED APPLICATION

FACILITY/SCHOOL NAME TRAINING AGENCY NO.

LIST PREVIOUS FACILITY/SCHOOL NAMES

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) TELEPHONE

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) FAX NUMBER

ADMINISTRATOR/DIRECTOR

DHSS APPROVED INSTRUCTOR(S) NAME LICENSE NUMBER

TRAINING AGENCY/FACILITY CONTACT EMAIL ADDRESS

PLEASE CHECK THE FOLLOWING IF APPLICABLE:

DHSS LICENSED FACILITY (ICF/SNF) NON-FACILITY BASED
 HOSPITAL-BASED NF OR SNF * CAREER CENTER SCHOOL (PUBLIC) * CAREER CENTER SCHOOL (PRIVATE)
 HOSPITAL * COMPREHENSIVE HIGH SCHOOL
 MO VETERANS HOME * COMMUNITY OR 4-YEAR COLLEGE
 ASSOCIATION * PRIVATE AGENCY
*Must be approved by Department of Secondary Education or Department of Higher Education

DHSS APPROVED CERTIFYING AGENCY NAME

What portions of the course will be conducted at the above address: 75 instructional training hours 100 On-The-Job Hrs

What portions of the course **will not** be conducted at the above address: 75 instructional training hours 100 On-The-Job Hrs

If the 75 hours of instructional training or 100 hours on-the-job hours are conducted at a different location other than at the above address - a current signed agreement shall be on file at the facility/agency. Provide the name, CNA training site number and address of the facility/agency below:

| AGENCY/FACILITY NAME | CNA SITE NO. | ADDRESS (STREET, CITY, STATE, ZIP CODE) |
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NAME(S) AND NURSE LICENSE NUMBER(S) OF DHSS APPROVED CLINICAL SUPERVISOR(S)

ADMINISTRATOR/DIRECTOR SIGNATURE DATE

COMMENTS:

The completed application form may be submitted by mail, fax to: **573-526-7656**, or e-mail: cnaregistry@health.mo.gov.
 Mailing address: Missouri Department of Health and Senior Services, Section for Long-Term Care Regulation, Attn: Health Education Unit,
 PO Box 570, Jefferson City, MO 65102-0570