



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)

NAME(S) AND NURSE LICENSE NUMBER(S) OF DHSS APPROVED CLINICAL SUPERVISOR(S)

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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](mailto: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