

**REQUEST FOR APPROVAL  
OF  
NURSE AIDE TRAINING PROGRAM**

**REQUESTING AGENCY OR FACILITY INFORMATION**

\_\_\_\_\_  
Name of Facility/Organization

Phone: \_\_\_\_\_

\_\_\_\_\_  
Address (Street, City, State)

ZIP Code: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

**CURRICULUM INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Submitted By

I certify that the curriculum information submitted is true and correct, and that subjects are designed to meet requirements for nurse aide training as delineated in the Omnibus Budget Reconciliation Act (OBRA) of 1987 and 1989(f).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**(To completed by the State)**

- Program approved effective \_\_\_\_\_ , not to exceed \_\_\_\_\_ .
- Conditions attached.
- Program not approved.
- Deficiencies attached.

Signed: \_\_\_\_\_  
DHS/SSD Representative

Date: \_\_\_\_\_