

SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: _____

County: _____

Name and Main Address:

Theory Training Location Address: _____
(If different from Main address) _____

Telephone Number: _____

COMMENTS

Program Identification Number(s):

Program Expiration Date: _____

Training Program Schedule: _____

The written plan of the program is incomplete regarding:

- Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S)
- Nurse Assistant Training Program Skills Checklist (CDPH 276A)
- Daily Nurse Assistant Training Program Schedule (CDPH 276B)
- Nurse Assistant Training Program Individual Student Record (CDPH 276C)
- Disclosure Ownership and Control Interest Statement (CDPH 276D)
- Clinical Site Agreement (CDPH 276E)

Instructor(s):

- Director of Staff Development (DSD) / Instructor Application (CDPH 279)
- Resume(s) with verifiable qualifications
- 1 year of verifiable experience in teaching adults **OR**
- 1 year of verifiable experience supervising nurse aides **OR**
- Completion of a course in teaching adults (Attach the certificate of completion)

Other (See Comments)

Name of Approved RN Program Director

Susan J. Voisin

*Please include a copy of this notice when responding to requests made by the Department.

*This form is for the exclusive use of TPRU.

SCHOOL NURSE ASSISTANT TRAINING PROGRAM RENEWAL APPLICATION FOR CLASSROOM TRAINING

The Training Program Review Unit (TPRU) approves Nurse Assistant Training Program (NATP) agreements for a maximum of two years, 42 CFR 483.151(e). Your NATP agreement is due to expire and must be renewed. All providers of certification training and competency evaluation programs shall meet both state and federal requirements, 22 CCR 71835(a).

INSTRUCTIONS: Complete this renewal form and sign the attestation at the end. Complete only one form per theory location. ALL FIELDS MUST BE COMPLETED. Submit this form and all supporting documents to TPRU@cdph.ca.gov, or via fax to 916-636-6760, no more than 90 days prior to your program’s expiration date. DO NOT SEND BY U.S. MAIL. Attach additional pages if more space is needed to complete the application.

NATP Type (check all that apply):

Educational Institution (choose one):

- Adult Education Program Community College Regional Occupational Program

Agency (Proprietary School only) – Submit a current business license.

Program Name: S1423, S1443, S1543, ~~HHP843~~

Program Mailing Address: 1299 Bavshore Highway, Suite 200, Burlingame, CA 94010

Program Theory Training Address:
(If different than mailing address)

Program Phone Number: 650-212-3100

Program Email Address: info@nilescollege.net

Program Website: www.nilescollege.net

Program Curriculum Name and Edition: COADN - 2023

Program Identification Training Number (PITN): *List all S numbers/schedules at this theory location.*

S-Number	Choose Schedule Type	Theory Start and End Time	Total Theory Hours (≥60)	Clinical Start and End Time	Total Clinical Hours (≥100)	Program Expiration Date
S-1423	DAY <input type="checkbox"/>	0700-1530	60	0700-1530	104	02/28/2024
S-1443	PM <input type="checkbox"/>	1700-2100	60	0700-1530	104	02/28/2024
S-1543	WEEKEND <input type="checkbox"/>	0800-1630	60	0700-1530	104	02/28/2024
HHP-843	DAY <input type="checkbox"/>		20		20	
The 276SR NATP renewal application is for NATP programs ONLY and not for the renewal of HHP programs.						

MUST submit a complete [CDPH 276B](#) training program schedule for each PITN above.

The program attests to using the most current Department forms for the skills check list ([CDPH 276A](#)) and the individual student record ([CDPH 276C](#)).

MUST list all Current and Proposed Program Instructors

Only submit a CDPH 279 and resume for a NEW Instructor. Provide the Director of Staff Development (DSD) approval number if applicable. List the Registered Nurse Program Director (RNPD) if they are also an instructor.

Name and Professional Title (LVN or RN)	License Number	DSD Number (Optional) (if prior approval)
Fe B. Borrillo, RN, BSN, DSD	RN# 183279	
Ronaldo D. Deleon, RN	RN# 708073	
Dinora Umana Lopez	VN# 232768	DSD# 10267
Jerico A. Tuazon	VN# 699745	
Peter Paul Francisco	VN# 160780	DSD# 10268

MUST list all Clinical Training Site(s)

Submit a CDPH 276E Clinical Training Site Agreement for each clinical training site.

Clinical Training Site Name	Address
Carlmont Garden Nursing Center	2140 Carlmont Dr., Belmont, CA 94002
Brookside Skilled Nursing Hospital	2620 Flores St., San Mateo, CA 94403
Burlingame Skilled Nursing	1100 Trousdale Dr., Burlingame, CA 94010
Golden Heights Healthcare	35 Escuela Dr., Daly City, CA 94015

Submit the following if changes have occurred since your last approval:

- CDPH 276P Policies and Procedures
- Organizational Chart
- Instructor Monitoring Tool
- Job Descriptions
- Lesson Plans (if Curriculum changed)
- CDPH 276D (Proprietary School only)
- Skills Check List
- Individual Student Record

We attest under the penalty of perjury that the above information is correct and accurate, and that we will abide by all applicable codes, regulations and rules pertaining to our NATP.

Program Administrator/Owner Name and Title (print): Fe B. Borrillo - Program Director
 Phone Number: 650-477-4109
 Signature: *Fe B Borrillo*
 Email Address: feborrillo@comcast.net
 Date: 2-26-24

RNPD (New RNPDs must submit a resume)
 Name (print): Ronaldo Deleon, RN
 Phone Number: 510-861-8705
 Signature: *Ronaldo*
 RN License Number: RN# 708073
 Email Address: rondoleon2010@yahoo.com
 Date: 2/26/2024

California Department of Public Health Use Only

Approved By: Susan J Voisin Date: 02/27/2024
 Training Program Review Unit Representative

INSTRUCTOR OR DIRECTOR OF STAFF DEVELOPMENT (DSD) APPLICATION

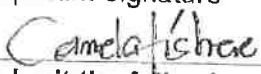
Submit this form and all supporting documents to TPRU@cdph.ca.gov or fax to (916) 636-6760

Facility/School Information

Facility/School Name NILES COLLEGE	Telephone Number 650-212-3100	Provider Identification Training Number(s) (if applicable) S1423, S1443, S1543
Facility/School Mailing Address 1299 Baysjore Highway, Room 200 Burlingame, CA 94010	Facility Licensed Bed Capacity (SNF/ICF Only)	Type of Training to be Offered: <input type="checkbox"/> Orientation and In-service Training <input checked="" type="checkbox"/> Nurse Assistant Training Program

Instructor/DSD Applicant Information

Instructor or DSD Number (if prior approval):

Applicant Name CAMELA FISHER	<input type="checkbox"/> Registered Nurse (RN) <input checked="" type="checkbox"/> Licensed Vocational Nurse (LVN)	CA Nursing License Number VN# 718764
Applicant Mailing Address 3 Somerset Court, Menlo Park, CA 94002	Email Address maila_6560928@Yahoo.com	Telephone Number 650-743-6956
Applicant Signature 	Hours Employed as Instructor/DSD Per week <u>40</u> Per month _____	Date Employed as Instructor/DSD <u>Instructor</u>

Submit the following:

Resume showing verifiable work experience. Must include work experience in month/year to month/year format, name and address of each employer, job duties, contact telephone number for Human Resources or administration, and name of supervisor.

Active RN or LVN license in California.

Two (2) years of nursing experience (RN, LVN).

One (1) of the two years must be as a licensed nurse providing care and services to chronically ill or elderly patients in an acute care hospital, skilled nursing facility, intermediate care facility, home care, hospice care, or other long-term care setting.

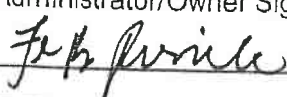
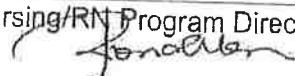
AND one of the following:

One (1) year of experience planning, implementing, and evaluating educational programs in nursing.

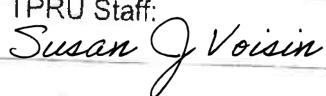
OR

Twenty-four (24) hours of continuing education in planning, implementing, and evaluating educational programs in nursing (submit course certificate or transcript) completed within six (6) months of employment and prior to teaching a certification program. Courses must be approved by the Board of Registered Nursing or administered by an accredited educational institution.

By signing below, we attest that the applicant above meets the Instructor or DSD qualifications provided in Title 42 Code of Federal Regulations §483.152, California Health & Safety Code §1337.15, and California Code of Regulations, Title 22, §71809, §71821, §71829, and 22 CCR §75011.

Administrator/Owner Name (Print) Fe B. Borrillo, RN	Director of Nursing/RN Program Director Name (Print) Fe B. Borrillo, RN
Administrator/Owner Email Address feborrillo@comcast.net	Director of Nursing/RN Program Director Email Address feborrillo@comcast.net
Administrator/Owner Signature 	Director of Nursing/RN Program Director Signature 
Date 8-25-23	Date 08/25/2023

FOR DEPARTMENT USE ONLY

Instructor/DSD Approval Number: 11424	Date of Approval: 02/23/2024	By TPRU Staff: 
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