

**LARA Use Only**

Certification Number
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**STATE OF MICHIGAN  
NURSE AIDE TRAINER APPLICATION**

Michigan Department of Licensing and Regulatory Affairs (LARA)  
Bureau of Community and Health Systems  
Health Facilities Division  
611 W. Ottawa Street, P. O. Box 30664  
Lansing, MI 48909  
Phone: 517-241-3136

<b>1. Applicant Information</b>		
Applicant Name: Last / First / MI		
Street Address		
(City)	(State)	(ZIP Code)
E-Mail address		
Contact Number	4704-	Active Michigan RN License Number
Have you ever held a Nurse Aide Trainer Certificate before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when (mm/dd/yyyy):		
Certificate Number:		
<b>2. Applicant Requirements</b>		
<b>A.</b> A current/active Michigan Registered Nurse license that is in good standing. <b>LPNs are not eligible to apply.</b>		
<b>B.</b> A minimum of 2 years of nursing experience, with at least 1 year of experience in a long-term care facility. 1) A long-term care facility is defined as a state licensed nursing home, county medical care facility, or a hospital long term care unit. 2) Effective October 1, 2016, the 1-year of experience in a long-term care facility is defined as <i>providing nursing services</i> in a long-term care facility or facilities for a minimum total of 12 months.		
<b>C.</b> Instructors must have completed a course in teaching adults or have experience teaching adults or supervising nurse aides or possession of a State of Michigan Teacher Certificate (Complete item 3B below).		
<b>3. Required Documents</b> – You must submit documentation for each item below. Failure to submit all required information will delay the application processing or may result in denial.		
<b>A. A letter(s) from a long term care facility or facilities verifying the following:</b> 1) At least 2 years of nursing experience. 2) At least 1 year of nursing experience in a long-term care facility.		
Note: Acceptable signatures on the letter(s) includes Facility Administrator or Director of Nursing only. Letter(s) must be on long term care facility letterhead. Other acceptable documentation is pay stubs from the facility or facilities.		

**B. Please check the items you are attaching for the requirement requested in item 2C.**

Experience supervising nurse aides. Attach a letter(s) verifying this experience from your current/previous employer. The letter(s) must include the length of time you supervised nurse aides, and a brief description of the duties of the nurse aides you supervised.

**OR**

Completed a course in teaching adults. Please provide the course description, transcript or report card showing you successfully completed the course.

**OR**

If you are an RN who is a State of Michigan Certified Teacher, and have worked at least 1 year in long-term care, attach a copy of your teacher certification.

**OR**

Proof of completion of the Nurse Aide Trainer Course.

By submission of this application, I certify that the information submitted in this application is true.

I recognize that I may receive a certificate or my certificate may be revoked and name removed from the list of State certified Program Trainer instructors for:

- 1) Any misrepresentation.
- 2) Should I fail to carry out my responsibilities, as a Program Coordinator, Primary Instructor, Alternate Primary Instructor or Primary Instructor teaching as a Delegated Instructor, in a competent and professional manner.
- 3) Should I fail to adhere to Federal and State educational protocols any actions to deny, revoke or otherwise limit a certification will be preceded by notice and an opportunity for a hearing.

**Applicant Signature**

**Date**

Application packet submitted by U.S. Mail should be addressed to:

Michigan Dept. of Licensing & Regulatory Affairs  
Bureau of Community and Health Systems  
Health Facilities Division  
P. O. Box 30664  
Lansing, MI 48909

Application packet may also be submitted by the following methods:

Fax: 517-241-3354

E-mail: [BCHS-CNA-Training-Program@michigan.gov](mailto:BCHS-CNA-Training-Program@michigan.gov)