

**NURSE AIDE TRAINER APPLICATION**

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems  
 Health Facility Licensing Permits, and Support Division  
 611 W. Ottawa Street, P.O. Box 30664  
 Lansing, MI 48909  
 Email: BCCHS-CNA-Training-Program@michigan.gov

**FOR CASHIER USE ONLY**

\* If you are renewing your certificate, please only fill out Section 1. Fee is \$40.00 for application and renewal and should be made out to the "State of Michigan". Permit # if renewal: \_\_\_\_\_

**LARA Use Only**

Date:  
Permit #:

- Initial app. (Include a copy of active nursing license.) (100801)  
 Renewal app. (Include a copy of active nursing license.) (100818)  
 Changes (addendum)

**1. Applicant Information**

Applicant Name: Last / First / M.I.

Street Address

City	State	ZIP Code
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E-Mail Address

Contact Number

4704 –  
Active Michigan RN License Number

Have you ever held a Nurse Aide Trainer Permit before?

Yes  No

Permit Number:

**2. Applicant Requirements**

**A.** A current/active Michigan Registered Nurse license that is in good standing. LPNs are not eligible to apply. Please supply a copy of your nursing license.

**B.** A minimum of 2 years of nursing experience, with at least 1 year of experience in the provision of long-term care facility services (federally certified CMS facility-state licensed long-term care).

- 1) A long-term care facility is defined as a state licensed nursing home, hospital long term care unit, county care facility, homes for the aged, assisted living facility, hospice or other like provider type.
- 2) The 1-year of experience must be in the provision of skilled nursing care and related services to individuals that require non-hospital residential medical, nursing or rehabilitative services for a minimum total of 12 months.

**C.** Instructors must have completed a course in teaching adults or have experience teaching adults or supervising nurse aides.

**3. Required Documents** – You must submit documentation for each item below. Failure to submit all required information will delay the application processing or may result in denial.

**A. A letter(s) from a long term care facility or facilities verifying the following:**

- 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.

**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
<p><b>Application packet submitted by U.S. Mail:</b> Michigan Dept. of Licensing and Regulatory Affairs Bureau of Community and Health Systems Health Facility Licensing, Permits and Support Division P. O. Box 30664 Lansing, MI 48909</p>	<p>All Applications and Renewals must be mailed to the Department.</p>

For questions please contact:  
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