

Nevada State Board of **NURSING**

Renewal Application Nursing Assistant Instructor

Return to: Nevada State Board of Nursing, 2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4392
(702) 486-5800 or toll free (888) 590-6726, fax (702) 486-5803, www.nursingboard.state.nv.us

Last name: _____ First name: _____

Address: _____

City, State ZIP _____

Email address: _____ SSN: _____

Nevada RN License Number: _____ Instructor Number: _____

Please note that the address furnished with this application will become your address of record unless you indicate otherwise.

This renewal application, with the \$100 renewal fee, must be received on or before the end of the business day on which your current certificate expires, or your certificate will lapse.

To be eligible to renew your certificate, you must have taught at least one nursing assistant training program class within the last two years. Please list each of the nursing assistant training programs you have taught within the last two years.

Name and location of training program	(please attach separate sheets, if necessary)	Date(s) taught
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm (swear) that I:

- hold a current, active Nevada nursing license in good standing;
- have taught in a Board-approved Training Program for Nursing Assistants for compensation at least once in the preceding two years; and
- have used the Model Curriculum as a guide of competencies needed by nursing assistants caring for clients in a variety of settings.

Signature _____ Date _____

The annual renewal fee is \$100. You may pay by credit card (MasterCard, Discover, Visa), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing (NSBN). Remit U.S. Funds only.

Choose one: Visa____ MasterCard____ Discover____ Card number_____ Exp. date_____
Name on card_____ Amount \$100.00
Signature_____