

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION
NURSE AIDE REGISTRY
PO BOX 202953, HELENA MT 59620-2953
CNA@MT.GOV
PHONE: 406-444-4980
FAX: 406-444-3456

APPLICATION FOR INSTRUCTOR
HOME HEALTH AIDE TRAINING PROGRAM

All instructors must meet the following criteria:

1. All instructors must have completed a course in teaching adults or have experience in teaching adults or supervising aides.
2. Program Coordinator and/or Clinical Instructor must have two years of nursing experience; at least one year must be in the provision of home health agency services.
3. Supplemental Instructor must have at least one year of experience in their field.

Applying for:

_____ Program Coordinator
_____ Clinical Instructor
_____ Supplemental Instructor

Name: _____

Mailing Address: _____

_____ City State Zip Code

Facility: _____

Phone: _____ License: _____ License Number: _____

Please enclose the following:

_____ A copy of current Montana license/certification if applicable
_____ A resume that includes work and teaching experience
_____ Completed Application