

FACULTY DATA FORM

Note: Please complete and attach one (1) form for each faculty member with your program approval application. This form is also to be used for personnel changes after initial approval of program.

Attach to each data form submitted:

- (1) A detailed resume listing Long-Term Care employment while being a registered nurse
- (2) A copy of the Educate-the-Educator certificate or Vocational Education certificate.

Return to: Office of Inspector General – OHFLAC
Nursing Assistant Training & Competency Evaluation Program
408 Leon Sullivan Way
Charleston WV 25301-1713
Phone: (304) 558-0050 Fax: (304) 558-1442 or (304) 558-2515

_____	_____	
Name of applicant	Applicant's Daytime Phone	
_____	Phone Number: _____	
Program Provider's Name & Address:	_____	
_____	Fax Number: _____	
_____	_____	
Email Address: _____	Program Number: _____	
_____	_____	
Application for (Check all that apply):		
_____ Program Director	_____ Program Instructor	RN License # _____
_____ Program Coordinator	_____ Clinical Instructor	Expiration Date: _____
Signature of applicant: _____	Date: _____	_____

Yes	No	
_____	_____	Is there practice limitations imposed on your license?
_____	_____	Have you attended Educate-the-Educator?
_____	_____	If yes, Place: _____ Date: _____ Attach a copy.
_____	_____	Are you certified by the WV Bureau of Vocational Education?
_____	_____	If yes, attach a copy of certificate.

To be completed upon resignation/termination of faculty member:

Date of termination from position: _____

Comments: _____

Keep copy for school records; send original to NATCEP office.

FOR STATE USE ONLY

Approved: ___ Yes ___ No
(This approval is for this program ONLY)

By: _____
Date: _____