DIALYSIS TECHNICIAN TRAINING PROGRAMS

2015

Application for Initial Board Approval

Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

Dialysis Technician Training Program Approval Application

Form A (To be Submitted with required materials/information)

Program Contact Information

Official name of program for publication _____

Address _____ City _____ State_____ Zip Code _____

Telephone Number ( ) _____ Fax Number ( ) _____

Email Address _____

Parent Company Contact Information

Name of organization providing program _____

Address (**IF different from above**) _____ City _____ State _____ Zip_____

Telephone Number ( ) _____ Fax Number ( ) _____

Email Address _____

Nurse Administrator Contact Information

Nurse Administrator (**Must be an Ohio Registered Nurse**) _____

Telephone Number ( ) _____ Fax Number ( ) _____

Email Address _____

Please provide the following information:

- How many classes will be provided per year? _____ What is the expected average enrollment per class? _____
- Is off-site clinical instruction provided? Yes ☐ No ☐

  If yes, please list all clinical site(s) used: Please attach a separate piece of paper for additional listings.

  Name of clinical site _____

  Contact Person _____

  Address _____ City _____ State_____ Zip Code _____

  Telephone Number ( ) _____ Fax Number ( ) _____

- Will there be contracts with other facilities to provide clinical experience? Yes ☐ No ☐

  If yes, please list all other facilities used: Please attach a separate piece of paper for additional listings.

  Name of clinical site _____

  Contact Person _____

  Address _____ City _____ State_____ Zip Code _____

  Telephone Number ( ) _____ Fax Number ( ) _____

Please submit with Form B and $300 certified check or money order made payable to "Treasurer State of Ohio". Incomplete submissions will NOT be processed.

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DIALYSIS TECHNICIAN TRAINING PROGRAM: Application Submission Instructions

You must attach and submit the following information and material with a completed Form A:

1. **Training Program Curriculum (include chart reflecting curriculum plan, course sequencing, program objectives and outcomes, and number of classroom clock hours and clinical clock hours, as required by Rule 4723-23-08,OAC.**
2. **List and location address of facilities where supervised clinical experience will be provided.**
3. **Resume for Training Program Administrator documenting qualifications meet Rule 4723-23-08 (B), OAC.**
4. **A description of the record-keeping system to be used by the training program to assure accurate reporting to the board of individuals who have enrolled in and who did or did not successfully complete the program.**
5. **List of all faculty to be used for classroom and clinical experience, including a resume for each that contains licensure, certification and experiences, as required by Rule 4723-23-08(C), OAC.**
6. **Organizational chart(s), reflecting both relationship of training program to controlling company/agency and relationships within the training.**
7. **All policies required by Rule 4723-23-08 (E), OAC.**
8. **Plan for records custodian in the event of subsequent training program closure as indicated in Rule 4723-23-(G), OAC.**

SUBMISSION INSTRUCTIONS: All Dialysis Technician Training Program Approval Applications and related materials must be submitted electronically on either a USB flash drive or a CD-ROM in Portable Document Format (PDF). The above numbered material sections should be saved under separate files on the CD, e.g., Program Curriculum, Clinical Experience Facilities, Personnel, Policies, and Org Chart. If you are unable to convert non-electronic documents to electronic format, you may list the enclosures that are not electronic and submit them in a hardcopy with the USB or CD. Check the USB or CD content for readability before submitting to guard against corruption. The USB and/or CD must be properly labeled with the program name.

The application will be considered incomplete if any of the above content are missing.

1. Submit the Application contained on USB or CD-ROM and a certified check or money order for $300 made payable to "Treasurer, State of Ohio" to the Attention of:

Ohio Board of Nursing
Education Unit
17 South High Street, Suite 660
Columbus, OH 43215-3466