

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE**

APPLICATION FOR INSTRUCTOR CERTIFICATION/RECERTIFICATION

APPLICATION: **Initial Certification** **Recertification**

Please type or print:
Applicant: _____
Agency/Organization: _____
Mailing Address: _____
Phone Number: _____ Fax Number: _____ Email: _____

Curriculum Title: _____ Course #: _____

Training Location: _____ (if applicable)

Note: This request must be submitted to HCQC at least **60** days prior to the anticipated start of training date or certification expiration date. **Please email to: medmgt@health.nv.gov.**

Qualifications

Any individual applying for instructor certification to teach Medication Management must meet the following requirements:

1. Must be in good standing with any applicable licensing boards (BOME, BON, BELTCA).
2. Must own or have authorized use of an approved medication management curriculum.
3. Has completed the 16 hours and/or 8 hours of Medication Management class in the past twelve months and can provide evidence of completion.
4. Has the ability to speak, read, write and teach the entire course in English.

AND

5. Is a licensed healthcare professional – MD, DO, PA, NP, RN, LP

OR

Has 3-years verifiable experience administering medications and/or supervising medication administration in a medical or non-medical facility.

6. Must pass the interview with the Medication Management team, in person or via video conference.

INSTRUCTOR APPLICANT: Please include the following to this application form:

Document	New and Renewal	Date Received by HCQC
Current resume		
Copy of license (if applicable)		
Copy of current Medication Management Training certificate		
Any additional information/certificates relevant to teaching experience		
Signed copy of the Ethical Obligations		
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By signing below, I attest that all information provided is true and verifiable. Any omission of required information or misrepresentation will result in denial of certification. Failure to submit the application for recertification within the required timeframe will result in delay of recertification.

Print and Sign

Date