

**APPLICATION FOR DIALYSIS TECHNICIAN
TRAINING PROGRAM APPROVAL**

1. **Application Type:** _____ Initial Approval _____ Continued Approval _____
Reinstatement

CHECK ONE \$1000.00 \$800.00 \$1000.00

A separate application must be submitted for each site where training occurs, including all clinical experiences.

2. **Name and Address of Applicant Institution Offering DT Training**

Name: _____

Address: _____
Street City State Zip

Daytime Phone: _____ Fax Number: _____

E-mail Address: _____

3. **Ownership of the Program**

Owner Name _____

Address _____
City State Zip

4. **Name And Title of Program Administrator of the DT Training Program**

Last Name First Name Middle Initial (Maiden)

Title _____ Credentials _____

RN License Number _____ E-mail address _____

5. **Program Documentation**

Please attach documentation that the program meets the standards set forth in WV§19-13-6 et. seq. which includes the following:

1. Please submit any changes/additions in curriculum since initial approval
2. Evidence of completion of an evaluation of the curriculum and program standards for compliance with the rule.
3. Please submit any changes/additions in policies or procedures since initial approval.
4. Number of DTs currently enrolled in program
5. Attrition rates and pass/fail percentage rates for the test given at the end of the training program and for the national exam.

6. **SIGNATURE**

Signature and Title of Program Administrator

Date

Print Name and Title of Program Administrator

**RETURN THIS APPLICATION TO:
WEST VIRGINIA BOARD OF REGISTERED NURSES
5001 MACCORKLE AVENUE, SW
SOUTH CHARLESTON, WV 25309**

Submit the completed application along with required supporting documentation to the Board office along with the fee. Once the application and supporting documentation is received, you will be contacted by the Board if additional information is needed

Please send any questions via e-mail to rnboard@wv.gov.