

Nevada State Board of NURSING

July 13, 2021

Truckee Meadows Community College
ATTN: Susan Bluhm
5250 Neil Rd.
Reno, NV 89502

Dear Ms. Bluhm

Congratulations! The Nursing Assistant Training Program (NATP) Renewal Application for your facility has been approved.

Valid through:	08/01/2022
Date Due for Site Survey:	April 2023
Annual Pass Rate:	87%

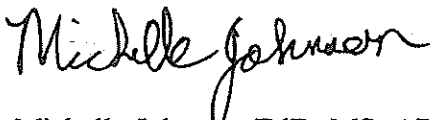
The Board of Nursing will perform a site survey when your program is due.

Reminder of certain training program requirements for all programs

1. The training records of the program are the property of the facility or college where the training occurs. They are not the property of the instructor, nor are they to be removed from the facility or college by the instructor should he/she leave.
2. The board does not discuss the student's certification application with anyone associated with the training program.
3. The program coordinator is required to inform the board of any change of instructors before starting a new class with a new instructor.
4. An outside instructor, brought in to teach a program, must teach the facility's approved program only. The outside instructor may not teach a program he/she teaches at another location. Training programs are approved by facility not by instructor.
5. There can be no charge to the students who train in a long-term care facility.
6. A facility or college training program was approved on specific criteria submitted and reviewed.
7. The program must be taught using the board-approved curriculum. Any proposed curriculum changes must be submitted to the board for review and approval before being instituted. Per NAC 632.795, any proposed revision of an approved training program must be presented to the Nevada State Board of Nursing for approval before it can be implemented.

If you have any questions, please do not hesitate to contact me at 702-668-4528.

Sincerely,
Nevada State Board of Nursing



Michelle Johnson, EdD, MS, APRN, CPNP-PC
Director of Nursing Education



PHLEBOTOMY STRUCTURED TRAINING DOCUMENTATION FORM (ROUTE 2)

PART I (To be completed by Applicant)

Applicant's Name, Last Four Digits of Applicant's Social Security #, Address, E-mail Address, Daytime Telephone Number

PART II (MUST be completed and signed by the Program Director in order to be acceptable)

NOTE: To be completed by the Program Director at the school where you registered and paid tuition. The clinical portion of the two-part program must be arranged by written agreement with the program director and the clinical institution.

This individual, identified above, has applied for the Board of Certification Phlebotomy Technician examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE:

A. Classroom Instruction - Classroom training site:

Date classroom training started: Month Date Year
Date classroom training ended: Month Date Year

Please check below if the applicant has satisfactorily completed the following requirements:

40 clock hours of classroom training including anatomy and physiology of the circulatory system, specimen collection, specimen processing and handling, laboratory operations (e.g. safety, quality control, etc.)

B. Clinical Instruction -

Clinical training site at an approved, accredited laboratory*:

Date clinical training started: Month Date Year
Date clinical training ended: Month Date Year

Please check below if the applicant has satisfactorily completed the following requirements:

100 clinical hours with a minimum of 100 successful, unaided blood collections including: Venipunctures, Skin punctures (e.g. fingersticks, heelsticks), Orientation in an approved, accredited laboratory*

*CMS CLIA certificate of registration, compliance, accreditation; AND/OR CAP, AABB, Joint Commission accreditation; OR JCI accreditation; OR Accreditation under ISO 15189.

2. By signing this form, I as the Program Director of the Phlebotomy Technician training program verify that this applicant has satisfactorily completed the two-part Structured Phlebotomy Technician Training Program including all areas checked on this form.

(Please Print) PROGRAM DIRECTOR NAME & CERTIFICATION(S), TITLE, PROGRAM DIRECTOR SIGNATURE, DATE, TELEPHONE NUMBER, E-MAIL ADDRESS, INSTITUTION, CITY, STATE, ZIP CODE

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS TRAINING DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE TRAINING DOCUMENTATION FORM WAS COMPLETED, SIGNED, AND DATED BY YOUR PROGRAM DIRECTOR.