*Please include a copy of this notice when responding to requests made by the

Please include a copy of this location.

Department.

*This form is for the exclusive use of TPRU.

Form 280B (1/20)

California Department of Public Health (CDPH)
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
Training Program Review Unit (TPRU)
P.O. Box 997416, MS 3301
Sacramento, CA 95899-7416
FAX: (916) 324-0901 EMAIL: TPRU@cdph.ca.gov

SCHOOL: NURSE ASSISTANT TRAINING PROGRAM NOTICE

ATTN: Administrator			
Name and Main Address:	County	San Mateo	
NILES COLLEGE	Theory Training Location Address: (If different from Main address)		
1299 BAYSHORE HIGHWAY SUITE 200	Telephone Number:	650-212-3100	
BURLINGAME, CA 94010		COMMENTS	
Program Identification Number S- 1423	approved the r 12.27.2020 for	nt has received, reviewed and enewal application dated this NATP.	
PROGRAM STATUS:		sistant Training Program (NATP)	
☑ Approved ☐ Denied	may only use instructors "approved" on this communication notice. Approved Instructors: 1. Fe Borrillo, RN, Program Director 2. Patty-Lisa Kaufusi, RN 3. Geraldine Borrillo, LVN		
☐ Pending ☐ Revoked			
Program Expiration Date: 02/28/2			
Training Program Schedule: Revision Date: 02/05/2 Theory & Clinical: 7:0	2020 4. Annalyn Bay	4. Annalyn Bawiin, LVN 5. Maria Elena Erolon Encinas LVN ************************************	
The written plan of the program is incomple			
 Nurse Assistant Certification Training Program (NATP) Application (CDPH 276S) Nurse Assistant Training Program Skills Checklis Daily Nurse Assistant Training Program Schedule Nurse Assistant Training Program Individual Stud (CDPH 276C) Disclosure Ownership and Control Interest Stater (CDPH 276D) 	Approved Clini 1. Burlingame 2. Brookside S 3. Devonshire All clinical site	cal site: Skilled Nursing D/P SNF (F-0111) killed Nursing Hospital (F-1065) Oaks Nursing Center (F-0989) approvals expire concurrent with cpiration unless otherwise specified.	
Clinical Site Agreement (CDPH 276E) Instructor(s): Director of Staff Development (DSD) / Instructor A (CDPH 279) Resume(s) with verifiable qualifications	Please be advi Center (F-0770 until 06/06/202 clinical site unt	sed that Carlmont Gardens Nursing)) Facility is on a 2 year NATP ban 1.This facility cannot be used as a il the training ban is over.	
1 year of verifiable experience in teaching adults of 1 year of verifiable experience supervising nurse Completion of a course in teaching adults (Attach of completion) Other (See Comments) Te Borrilo, RN	aides or the certificate Reminders: All changes of approved traini	RN Program director, instructor(s), ing program schedule, location of st be approved by the Department	
Name of Approved RN Program Director	- '		
Avleen K. Brar, RN		Please submit your renewal paperwork 60-90 days prior to your program expiration date.	
Avleen Brar, Nurse Surveyor (916-552-8723)			
Training Program Review Unit Staff 02/05	5/2020		