



Application for Course Approval – Paid Dining Assistant

(Please Print)

Name of Nursing Facility: _____

Address: Street/PO Box: _____

City/State/Zip: _____

Facility telephone number: _____

Name of RN Administering Course: _____

RN License Number: _____

Nursing Facility submitting their own course curriculum for approval

Submit the following course curriculum materials for approval as required in

[Title 172, Chapter 105-005.01](#)

- A. 005.01(2) The course curriculum, including all course materials that will be utilized to meet the content areas as identified in 005.02(4); and
- B. 005.01(3) A detailed description of methods used to determine competency of each paid dining assistant, including copies of exams and/or procedures.

Nursing Facility utilizing course developed by others that is approved by the DHHS

- A. Name of Approved Course: _____
- B. Submission of any course materials, competency exams, or procedures that vary in any manner from the approved course.

Signature of RN Administering the Course

Date

Department of Health & Human Services
Public Health Division
Licensure Unit
Nursing & Nursing Support
P.O. Box 94986
Lincoln, NE 68509-4986
Phone: 402-471-4322 Fax: 402-742-1151