

Arkansas Division of Higher Education

101 E. Capitol Avenue, Suite 300 • Little Rock, Arkansas • 72201 • (501) 371-2000 • Fax (501) 371-2008

FORM 3070 CNA PRIMARY AND/OR ADDITIONAL INSTRUCTOR RECORD OF QUALIFICATIONS

\$50 Fee per Instructor

When you submit to the Arkansas Department of Human Services Division of Medical Services Office of Long Term Care (OLTC) the request for Primary Instructor and Additional Instructor approval, a Form 3070 shall be submitted to the Arkansas Division of Higher Education for each instructor. Upon receipt of the Letter of Approval of Primary Instructors and/or Additional Instructors from OLTC, ADHE will process the Form 3070.

PRIMARY OR ADDITIONAL INSTRUCTOR	
NAME OF INSTRUCTOR	
NAME OF SCHOOL	
STREET ADDRESS OF SCHOOL	
CITY, STATE, ZIP	
PHONE NUMBER	

Under penalty of perjury, I declare and affirm that the information submitted to OLTC was true, complete and accurate.

Name of Instructor	
Date	

STATEMENT OF COMPLIANCE FOR OFFICIAL

Under penalty of perjury, as an authorized school official, I certify that this is a copy of the official approval received from OLTC for this Certified Nursing Assistant Instructor.

Name of Official		Title	
Email		Date	