

**NEVADA BOARD OF EXAMINERS  
FOR ADMINISTRATORS OF LONG TERM CARE FACILITIES  
3157 North Rainbow Boulevard, #313  
Las Vegas, Nevada 89108  
702-486-5445  
Fax: 702-486-5439  
E-mail: beltca@beltca.nv.gov  
Website: beltca.Nevada.gov**

**ADMINISTRATOR-IN-TRAINING (AIT) APPROVAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**AIT PROGRAM OUTLINE**

Start Date: \_\_\_\_\_

Training Hours: \_\_\_\_\_ per week

Training Facility: \_\_\_\_\_

Preceptor: \_\_\_\_\_

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**EVALUATION REPORTS**

Submit the evaluation report to BELTCA within 10 days after the completion of the 1,000 hour AIT training program, or if you terminate the AIT program, or if you are no longer the Preceptor for the AIT, or if your AIT withdraws from the training program.

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**PROGRAM CHANGES**

The Preceptor can make minor program changes in the AIT's training program (i.e., hours per training per week, outline changes). The Preceptor must indicate under the appropriate quarter on the evaluation report form, what the changes was/were and attach supporting documentation at the time the form is

**PROGRAM CHANGES, cont'd**

submitted to BELTCA. BELTCA must approve Preceptor and/or Facility changes. You must inform BELTCA if you stop your program for 30 days or more, and request approval to restart the program. Please allow up to 30 days processing for all program change requests.

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**EXAMINATION**

Your AIT Program must be completed and your evaluation reports submitted and approved by BELTCA prior to your participating in the examination. Your examination application must be received no later than 30 days prior to the scheduled examination date.

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If you have any questions during your AIT Training Program, please do not hesitate to contact the Board office at (702) 486-5445 or by electronic mail at [belzca@belzca.nv.gov](mailto:belzca@belzca.nv.gov)