

**NEVADA BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS**

**APPLICATION FOR PRECEPTOR**

Preceptors must be licensed for a minimum of 2 years and licenses must be verified by BELTCA. They must also complete the Preceptor Training Program provided by the National Association of Long Term Care Administrator Boards (NAB) which is available at <http://www.nabweb.org> and submit the Certificate of Completion with this application. Applicants with out of state licenses must have their licenses verified by submitting a License Verification Form to the State Agency that issued the license. Verification Forms are available on the BELTCA Website.

Date: \_\_\_\_\_ 20 \_\_\_\_\_

Administrator's Name: \_\_\_\_\_ \* License No. \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

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

Email: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Facility Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Facility Email: \_\_\_\_\_

Years of Experience as a Nursing Home Administrator: \_\_\_\_\_

NAB Preceptor Training completion Date: \_\_\_\_\_

I agree that providing the Board with false or misleading information is subject to disciplinary action that could result in fines, license suspension or revocation and the disqualification for licensure of the AIT.

\_\_\_\_\_  
*Administrator's Signature*

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

BELTCA Approval by: \_\_\_\_\_

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