

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

APPLICATION FOR PRECEPTOR

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: _____

Administrator's Signature Date: _____

Reviewed by BELTCA _____ Date: _____

Accepted: _____ Date: _____

Preceptors must be licensed for a minimum of 2 years and licenses must be verified by BELTCA. 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. The Verification Form is available on our Website.