

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

PRECEPTOR/ADMINISTRATOR-IN-TRAINING AGREEMENT

Date: _____ 20____

I, _____, agree to the responsibilities of Preceptor

For: _____ at

Facility: _____

Address: _____

_____ City _____ State _____ Zip

Commencing: _____ 20____

Pursuant to NAC 654.100, Section 2, Subsections (a) and (b), the AIT will complete at least 1000 hours of training in a period of not less than 20 weeks in the Five-Step Program Administrator-in-Training Internship Manual published by NAB. If the AIT has a Bachelor's or Master's degree in other than the administration of nursing facilities or the field of health care, an additional 200 hours as stated in NAC 654.100(2)(c) will be required.

I fully understand my responsibilities and course content areas for the Administrator-In Training program. 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.

I further agree to inform the Board immediately if there is any change in this arrangement.

Signature of AIT Date: _____ 20____

Printed Name

Signature of Preceptor Date: _____ 20____

Printed Name

Reviewed by BELTCA _____ Date: _____ 20____

Approved: _____ Date: _____ 20____