

NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS

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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 26 weeks in the Five-Step Program Administrator-in-Training Internship Manual published by NAB.

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

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

Signature of AIT

Date: _____ 20____

Printed Name

Date: _____ 20____

Signature of Preceptor

Date: _____ 20____

Printed Name

Date: _____ 20____

Reviewed by BELTCA _____

Date: _____ 20____

Accepted: _____

Date: _____ 20____