## STATE OF NEVADA BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS

3157 North Rainbow Blvd., #313 Las Vegas, NV 89108 (702) 486-5445 FAX: (702) 486-5439

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## Application for Accreditation of Continuing Education Units By Sponsoring Organization

Program Title:			
Date:	Ti	me:	
Location:			
Number of Contact Hours	s Requested:	Ethics	Regulations
Registration Fee: \$			
Please Check Intended Au	idience Below:		
Nursing Home A	dministrator:		
Residential Care	Administrator:		
Both:			
Name of Person Submittin	ng Application:		
	Ph	one:	
City	State		Zip
E-mail Address:			
CE Committee Use Only			
Program Number:	Reviewers:		Date:
Approved:	Contact Hours:	E	xpiration Date:
Pending:	Required Items:		
Denied:	Reason:		

- 1. Must be provided by a competent instructor as demonstrated by documentation of his/her educational, professional and teaching experience:
- 2. Must contain current educational material relevant for nursing home and/or residential care facility administrators:
- 3. Must be of professional quality:
- 4. Must be appropriately designed for instructional purposes.

## The following MUST accompany all applications:

Event flyer or Registration Form

Instructor's/speaker's resume

Detailed time schedule

Statement of the educational objectives of the program

Certificate of completion

Note: Applications for continuing education accreditation will not be reviewed for accreditation until <u>all</u> of the items listed above are received.

Within 20 days after the presentation of the program, a list of licensed nursing home and/or residential care facility administrators who attended must be provided to the Board office.

Records must be maintained for three (3) years after the completion of the course or program.

Revised 10/28/13