

STATE OF NEVADA  
BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS

(702) 486-5445  
Fax (702) 486-5439

BELTCA

3157 N. Rainbow Blvd., #313

Las Vegas, Nevada 89108

E-mail: beltca@beltca.nv.gov

LICENSURE RENEWAL APPLICATION

***This renewal application with the appropriate fees (See Schedule of Fees) must be received on or before the end of the business day on which your current license expires. NEVADA HAS NO GRACE PERIOD. If your application is received after your license expires, you must reapply as though you are a new applicant, pay the appropriate new fees and retake the National examination, if appropriate (NAC 654.112 Section 4 for NFA, NAC 654.152 for RFA). All fees are non-refundable (NAC 654.110).***

**I. Licensee Identifying Information**

NFA/RFA License No. \_\_\_\_\_

**Per NAC Chapter 654.181, you must notify BELTCA of any address changes and facility affiliations within 15 days of such change or you will be subject to a fine of not less than \$500.00.**

1. Name: \_\_\_\_\_  
Last First Middle
2. Home Address: \_\_\_\_\_
3. City and State: \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone No.: (\_\_\_\_) \_\_\_\_\_ 5. Fax No.: (\_\_\_\_) \_\_\_\_\_
6. Personal E-mail: \_\_\_\_\_ 7. Cell Telephone No. \_\_\_\_\_

**II. Employment Information**

1. Name of Principal Facility: \_\_\_\_\_ Facility License No. \_\_\_\_\_ No. of Beds \_\_\_\_\_
2. Address: \_\_\_\_\_  
Street
3. City and State: \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone No.: (\_\_\_\_) \_\_\_\_\_ 5. Fax No.: (\_\_\_\_) \_\_\_\_\_
6. Facility E-mail: \_\_\_\_\_

***RFA Licensees: Please complete the accompanying Facilities Fact Sheet for all licenses – you must have an original license in each facility.***

**III. Personal History Information:**

1. Since the date of your last application/renewal of your license, have you been addicted to or used in excess, any drug or chemical substance, including alcohol? Yes \_\_\_\_ No \_\_\_\_
2. Since the date of your last application/renewal of your license, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program or diversion program? Yes \_\_\_\_ No \_\_\_\_
3. Since the date of your last application/renewal of your license, do you have a medical condition, either mental or physical, that in any way impairs or limits your ability to competently perform the duties of your profession? Yes \_\_\_\_ No \_\_\_\_

**If the answer is yes to any of the above questions, you must submit a detailed letter of explanation including diagnosis, past treatment efforts (inpatient or out patient), date of last treatment and current treatment plan, including documentation**

4. Are you free from contagious disease? Yes \_\_\_\_ No \_\_\_\_

5. Since the date of your last application/renewal of your license, have you been notified that you were under investigation or investigated for a violation of a statute, rule or regulation governing any professional license issued to you or had a license or certificate revoked, modified, limited or suspended, other disciplinary action instituted against you, or had an application for licensure or certification rejected, denied or limited by a professional licensing authority of another state, territory or country?

Yes\_\_\_\_ No \_\_\_\_

6. Have you ever voluntarily surrendered a license for a nursing facility administrator or residential facility administrator or certificate for a nursing or residential facility?

Yes\_\_\_\_ No \_\_\_\_

**If the answer is yes to 5 and/or 6, you must submit a detailed explanation of the circumstances involved.**

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*(Please use the reverse side of this form if more space is required)*

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7. Since the date of your last Application/Renewal of your license, have you been investigated or arrested for, charged with, convicted of, plead nolo contendere to or received pretrial diversion for an offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance or alcohol is not considered a minor traffic offense), or had any criminal records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? YES \_\_\_\_ NO \_\_\_\_

**IF THE ANSWER IS YES, YOU MUST SUBMIT THE FOLLOWING:**

A detailed letter of explanation including the date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.

Copies of court documents identifying actual conviction and sentence.

A letter from your parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.

A criminal history printout from a FBI fingerprint check.

**PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN NON-RENEWAL OF YOUR LICENSE.**

**IV. Child Support Statement:**

Please place a check mark next to one of the following statements:

\_\_\_\_ (a) I am not subject to a court order for the support of a child;

\_\_\_\_ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order, or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Applicant's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**RELEASE OF INFORMATION**

Having made application for licensure, I \_\_\_\_\_ hereby consent to have an investigation as to my moral character, professional reputation, education, experience and other qualifications for licensure as a Residential/Nursing Facility Administrator in the State of Nevada.

I authorize the State of Nevada and its State Board of Examiners for Long Term Care Administrators or their agents or representatives to acquire from any source of information it may request concerning my professional, academic and character qualifications. This information may include, without limitation implied by enumeration, confidential reports, file records, documents and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceedings.

I authorize and request every person, physician, firm, corporation, government agency, or other institution having control of any documents, records, or other information pertaining to me, to furnish such information and to allow review and copying of such information to and by the authorized persons herein.

From time to time, the Board receives requests for mailing lists. These requests generally come from entities that provide CEU courses, and sometimes, from facilities in need of an Administrator. Facility information is provided including the name of the Administrator. Please indicate below that if at any time you are not associated with a Facility, you would like your personal information on file with BELTCA (address phone number and email address) included on these lists.

I would like my personal information provided for mailing lists: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I acknowledge that I am aware of the laws and regulations regarding the licensure of Residential/Nursing Facility Administrators in the State of Nevada.

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If it has been four (4) years or more since your last background check, you must provide this office with two (2) fingerprint cards or a receipt indicating that fingerprints have been submitted electronically. Please return fingerprint cards to this office together with your renewal documents.

**BY SIGNING ON THE SIGNATURE LINE BELOW:**

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR RENEWAL OF ADMINISTRATOR'S LICENSE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b) or (c) UNDER THE CHILD SUPPORT STATEMENT SECTION;
- 3) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO A WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S); AND
- 4) I ACKNOWLEDGE THAT I AM AWARE OF THE LAWS AND REGULATIONS REGARDING THE LICENSURE OF RESIDENTIAL/NURSING FACILITY ADMINISTRATORS IN THE STATE OF NEVADA.

Date \_\_\_\_\_ 20 \_\_\_\_\_ Licensee's Signature \_\_\_\_\_

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## CONTINUING EDUCATION AFFIDAVIT

Name: \_\_\_\_\_ RFA/NFA License Number: \_\_\_\_\_  
*(Please print)*

Please provide information for each activity for which you are requesting Continuing Education Units (CEU's). **Only courses approved by BELTCA or NAB qualify for CEU hours. Medication Supervision classes both initial and renewal as required by HCQC do not qualify for CEU hours. You must provide copies of attendance documentation for each activity you list.** If you do not present documentation your CEU's will be denied. If additional space is required, photocopy an additional sheet and attach hereto. Originals will not be returned to the licensee.

<u>DATE</u>	<u>PRESENTER</u>	<u>COURSE TITLE</u>	<u>BELTCA/NAB APPROVAL NUMBER</u>	<u>NUMBER OF CEUS</u>
<b>Total Number of CEU'S</b> _____				

This is to certify that the above and attached information is accurate and represents my Continuing Education Units which have been obtained during my current license year(s) which are required by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 19\_\_\_\_

**ADMINISTRATOR FINGERPRINT PROCESSING INSTRUCTIONS (CARDS)**

As an applicant for licensure with the Board of Examiners for Long-Term Care, it is your responsibility to obtain fingerprinting from an authorized law enforcement agency. Attached is a Civil Applicant Waiver which **MUST BE COMPLETED**.

It is imperative that the following blocks be COMPLETELY FILLED OUT.

**APPLICANT FINGERPRINT CARD**

Name: _____ (Last, First, Middle)	Height: _____
Signature: _____	Weight: _____
Aliases (AKA): _____	Color – Eyes: _____
Citizenship: _____	Color – Hair: _____
Date of Birth: _____	Place of Birth: _____
	Race: _____
Social Security Number: _____	Sex: _____
Signature of official taking fingerprints: _____	

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REGISTRATION APPLICANT ELECTRONIC SUBMISSION FORM

Provide this form to the fingerprint technician at the time fingerprints are taken and return it to BELTCA for inclusion in your application submission.

Applicant Name (Last, First, MI): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Reason Fingerprinted: 654.150; 654.155

Registration payment has been confirmed.

ORI: NV920440Z

Account Number: 880351

The above named individual was fingerprinted and said prints  
Will be sent electronically to the Central Repository for  
Nevada Records of Criminal History on behalf of the  
Board of Examiners for Long Term Care Administrators.

Fingerprint Agency Stamp

Fingerprint Representative  
Signature

TCN#:

Date:

## CIVIL APPLICANT WAIVER (Cards & Electronic)

In consideration for processing by application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize the Board of Examiners for Long Term Care Administrators (BELTCA), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
  
2. **In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential as relating to third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. (Please initial) \_\_\_\_\_.**
  
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency by contacting the Nevada Department of Public Safety, Records Bureau.
  
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted by criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

Applicant's Name: \_\_\_\_\_  
( Please Print Last, First, Middle )

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

\_\_\_\_\_  
Applicant's Signature Date

Submitting Agency: BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS (BELTCA)

Address: 3157 N. Rainbow Blvd, #313, Las Vegas, Nevada 89108

Agency's Representative Signature: \_\_\_\_\_  
Sandy Lampert

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