

**NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
59 Damonte Ranch Parkway, Suite B 373
Reno, NV 89521
Phone: 775-384-1208
Fax: 775-384-1108
Email: beltca@beltca.nv.gov
Website: beltca.nv.gov**

ADMINISTRATOR-IN-TRAINING (AIT) APPROVAL

AIT Name:

Address:

Street

City

State

Zip Code

Telephone:

Cell:

Email:

AIT Program Outline:

Start Date:

Training Hours: _____ **per week**

Training Facility:

Preceptor: _____

Preceptor Phone:

Preceptor Email:

EVALUATION REPORTS:

**Submit Monthly Report by the 15th day of the subsequent month.
Submit AIT Certification of Program Completion within 10 days after
the completion of the 1,000/1200 hour AIT training program.**



PROGRAM CHANGES:

The Preceptor can make minor program changes in the AIT's training program.

You must inform BELTCA if you stop your program for 30 days or more, and request approval to restart the program.

APPLICATION:

Your AIT Program must be completed and your evaluation submitted and approved by BELTCA prior to submitting an Application for Licensure.

Preceptor Signature

Date

AIT Signature

Date

BELTCA Approved by:

Date: