

**NEVADA BOARD OF EXAMINERS  
FOR LONG TERM CARE ADMINISTRATORS  
59 Damonte Ranch Parkway, Suite B 373  
Reno, Nevada 89521  
Phone: 775-384-1208  
Fax: 775-384-1108  
E-mail: [beltca@beltca.nv.gov](mailto:beltca@beltca.nv.gov)  
Website: [beltca.nv.gov](http://beltca.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\_\_\_\_

