

**NEVADA BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS**

APPLICATION FOR PRECEPTOR

Preceptors must be licensed and practiced as an administrator for a minimum of 2 years and licenses and experience must be verified by BELTCA . They must also complete the Preceptor Training Program provided by the National Association of Long Term Care Administrator Boards (NAB) which is available at <http://www.nabweb.org> and submit the Certificate of Completion with this application. Applicants with out of state licenses must have their licenses verified by submitting a License Verification Form to the State Agency that issued the license. Verification Forms are available on the BELTCA Website.

Date: _____ 20 _____

Administrator's Name: _____ * License No. _____

Home Address: _____

_____ *City* _____ *State* _____ *Zip*

Home Telephone: _____ Cell: _____

Email: _____

Name of Facility: _____

Address: _____

_____ *City* _____ *State* _____ *Zip*

Facility Telephone: _____ Fax No.: _____

Facility Email: _____

Years of Experience as a Nursing Home Administrator: _____

NAB Preceptor Training completion Date: _____

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.

Administrator's Signature

Date: _____

BELTCA Approval by: _____

Date: _____