

**PRECEPTOR
NURSING HOME ADMINISTRATOR
Renewal Notice
Certificate Expires 12/31/2020
4-year renewal**

License Information:

Preceptor License #:			
Name: <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
Address: <input type="checkbox"/> If this is a NEW address, check the box			
	City:	State:	Zip:
Phone/E-mail:	Phone: _____	E-mail: _____	
To renew your license, you must have a valid Social Security Number or Alien Registration Number.			
Social Security Number:			
Alien Registration Number:			
SS#: Neb. Rev. Stat. §38-123 requires disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.			

Renewal Status (Select ONLY One):

<input type="checkbox"/> Yes	Active: I choose active status for my license. The renewal fee is (\$25) Make check/money order payable to: DHHS, Licensure Unit. We do not except electronic payments for paper renewals.
<input type="checkbox"/> Yes	Inactive Status (\$0): I choose inactive status for my license. I cannot practice my profession in Nebraska after 12.31.2020. There is no fee or continuing education requirement for inactive status.
<input type="checkbox"/> Yes	Active-Military (\$0): I choose Active-Military status. We encourage you to check with your employer before choosing active-military. I served for 30 consecutive days on full-time active duty or approved leave after 12.31.2018. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education required.

Conviction/Discipline Information: You must answer the following questions

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between 12/31/2016 and 12/31/2020.</p> <p>If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <ol style="list-style-type: none"> 1. A copy of the court record for each conviction (if they occurred in a State other than Nebraska); 2. Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation. <p>NOTE: If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.</p>
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you held a license that was issued by another jurisdiction(s)/state(s) to provide health services, health-related services, or environmental services? (If you answer NO to 2, answer NO to 2a)</p>
2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Has such certificate been denied, refused renewal, or disciplined between 12/31/2016 and 12/31/2020? (If "YES", please provide a list of any disciplinary actions taken against your certificate and a copy of the disciplinary action(s), including charges and disposition.</p>

NOTE: If you have any criminal charges or certificate disciplinary actions pending that result in a misdemeanor or felony conviction or certificate discipline, you must report such actions to the DHHS Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/discipline could result in disciplinary action.

Continuing Education (CE): Do NOT submit CE Certificates to this office unless they are requested

List the approved preceptor training activities you completed during the past four years; 5 hours are required.

CERTIFIED PRECEPTOR. Individuals holding an active preceptor certificate in the State of Nebraska, must complete at least 5 hours of approved continuing education, with at least 1 hour in 5 of the 6 topic areas set out in 172 NAC 106-011(B)(ii)(1-6) during the 48-month period prior to the expiration date.

SUPERVISING A TRAINEE. Certified preceptors who supervise a trainee may obtain continuing education as follows:

- (i) If a preceptor supervises 1 trainee during the renewal period, this supervision meets the training requirements set out in 172 NAC 106-013.01 and 8 hours can be applied towards the renewal of the individual's nursing home administrator license; **and** (ii) If a preceptor supervises 2 trainees during the renewal period, 16 hours of continuing education can be applied towards the renewal of the individual's nursing home administrator license.

Did you supervise an AIT/Mentor during the previous 48 months?	<input type="checkbox"/> Yes	If yes, please provide the name of the AIT/Mentor:
	<input type="checkbox"/> No	

If you did not supervise an AIT/Mentor during the four-year renewal period, in order to maintain an active preceptor certification, you must complete an approved preceptor training program as described below.

PROGRAM NAME	PROGRAM SPONSOR	PROGRAM LOCATION City State	PROGRAM DATES (Month/Day/Year)	HOURS EARNED

PRECEPTOR INITIAL TRAINING PROGRAM REQUIREMENTS. An approved preceptor training course must be at least 5 hours in duration. The following are acceptable training programs:

- (A) The National Association of Long Term Care Administrator Boards' preceptor on-line training course; or
- (B) A training program, which includes the following training areas:
 - (i) At least 1 hour in preceptor expectations and administrator licensing regulations; and
 - (ii) At least 1 hour in 4 of the following areas:
 - (1) Leadership and team building; (2) Communication; (3) Generational learning styles; (4) Adult learning; (5) Coaching and mentoring; or
 - (6) Fostering professionalism.

CE Waiver Request:

<input type="checkbox"/>	Military Service: After 12/31/2016 I have served full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit verifying documentation.
<input type="checkbox"/>	First Licensed: I was first licensed after 12/31/2016. If you met this waiver, you are not required to meet the continuing education requirement, but you must pay the fee.
<input type="checkbox"/>	Administrator of Facility Caring Primarily for Persons with Head Injuries: I am an administrator of a facility caring primarily for persons with head injuries and associated disorders.
<input type="checkbox"/>	<p>Circumstanced Beyond My Control: Waivers of continuing education may be considered for circumstances lasting longer than 30 consecutive days. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency. To qualify for this waiver, please provide the following information, you can respond by return email:</p> <ol style="list-style-type: none"> 1. List the reason(s) you were not able to complete the required continuing education. 2. Did this last longer than 30 consecutive days? 3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived? <p>Additional information relating to CE waivers and continuing education can be found at: http://dhhs.ne.gov/licensure/Documents/ContCompWaiverInfo.pdf</p>

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check only ONE of the boxes below*): **I attest that:**

I am a **citizen of the United States.**

OR

I am a qualified **alien** under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a **nonimmigrant** lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act. **NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

Signature and Application Attestation: **I attest that:**

1. I have read the renewal application or have had the renewal application read to me; and
2. I am of good character and all statements on this renewal application are true and complete.

Print Name: _____ Signature: _____ Date: _____

Phone/Fax (Optional): _____ E-mail (Optional): _____

Allow 5-10 working days to process
TO PRINT YOUR RENEWED WALLET CARD GO TO: <http://www.nebraska.gov/LISSearch/search.cgi>