



NEBRASKA

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

Nursing Home Administration
APPLICATION FOR APPROVAL OF A
PRECEPTOR EDUCATION PROGRAM

Fee: \$25.00

SECTION A - Applicant's Name and Address (Please print your name and full address)
First: Middle: Last:
Street/PO/Route:
City: State: Zip

Signature: _____

Date: _____ Telephone Number: _____

SECTION B - Sponsor/Provider Information
1 Name of Sponsor/Provider: Name:
2 Address: Street/PO/Route:
City: State: Zip:

SECTION C - Program Information
1 Name of Program:
2 Objective: Describe how this program is relates to Nursing Home Administration
3 Type of Program (Please check the applicable program)
[] Homestudy
[] Workshop, clinic, lecture, forum, seminar, etc: (60 minutes = 1 Continuing Education Hour)
4 Number of Clock Hours Requested for Approval (does NOT include time for breaks and meals):
5 Location of Program:
6 Date(s) of Program:
7 Is this program open to all Nursing Home Administrators? Yes o No o

BOARD DECISION
[] Approved _____ hours credit
[] Denied, Reason: _____
_____(Signature of Reviewer) _____(Date)

SECTION D – Program Agenda

A copy of the program **agenda must be attached** to this request that includes the following information:

- Name of program
- Number of hours requested
- Start and end times of each subject
- Start and end time of all breaks and lunch/dinner
- Date(s) of program

SECTION E – Method of Program Attendance Verification

Attach a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program. This must include: participant name, name of provider and provider’s signature, name of program, date of program, hours earned by participant, and location of program.

SECTION F – Program Monitoring: Indicate the method for monitoring and verifying attendance

<input type="checkbox"/>	Sign-in/out sheet
<input type="checkbox"/>	Monitor at the door
<input type="checkbox"/>	Other, Explain:

SECTION G – INITIAL AND/OR RENEWAL PRECEPTOR TRAINING COURSE: The preceptor training course must be at least 8 hours in duration and include the following 4 topic areas, with a minimum of 1 hour per topic area:

- 1 Culture Change and/or Quality of Life;
- 2 State Statutes and Federal Regulations relating to Nursing Home Administrators;
- 3 Leadership and/or Team Building and/or Communication and/or Generation Styles; and
- 4 Adult Education and/or Train the Trainer and/or Learning Styles.

The remaining 4 hours may include any of the following topics (indicate additional areas included in the proposed training:

- Learning Styles (personality, how do I learn);
- State Regulations relating to nursing home facilities (Chapter 12);
- Personnel Issues (wages, confidentiality, etc);
- Culture Change (medical vs personal);
- State and Federal Regulations affecting Nursing Homes (examples: ADA, FMLA, ANSI, NFPI-FSES);
- Leadership;
- Public Relations;
- Team Building;
- Communication Skills;
- Train the Trainer;
- Business and Finances;
- Adult Education; or
- Generation Changes.

SECTION H – Presenter/Instructor Information			
Presenter/Instructor #1: (List below name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			

Presenter/Instructor #2: (List below name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			

Presenter/Instructor #3: (List below name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			

Presenter/Instructor #4: (List below name, education, experience and/or training relating to this C.E. presentation)			
Name:	First:	Middle:	Last:
EDUCATION	Total Hours:		
Name of Educational Institutions:			
EXPERIENCE	Total Hours:		
Type and Nature of Experience:			
TRAINING	Total Hours:		
Name of Training Entities:			

NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

After the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for _____(number) Nebraska Nursing Home Administration Preceptor initial training and/or continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.