



You may print this application, complete it and mail to the address listed below.

ATTACHMENT I

STATE OF NEBRASKA

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 PO Box 94986; Lincoln, NE 68509-4986
 Telephone #: (402) 471-4918 rita.watson@nebraska.gov

APPLICATION FOR A NURSING HOME ADMINISTRATOR PRECEPTOR LICENSE

FEE: \$25.00

SECTION A – PERSONAL INFORMATION				
1	Name:	First:	Middle:	Last:
2	Name of Nursing Home Currently Employed by:			
3	Address:	Street/PO/Route:		
		City:	State:	Zip:
4	Telephone Number (Optional)			
5	NHA License Number			

SECTION B – EXPERIENCE		
Are you currently licensed in Nebraska as a Nursing Home Administrator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have 3 years of experience as a Nursing Home Administrator in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1	Name of Nursing Home where Experience Earned?			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Dates of Experience:	From:	To:	

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		City:	State:	Zip:
3	Dates of Experience:	From:	To:	

All preceptor certificates **shall expire on December 31st of every fourth year** beginning December 31, 2000. You will be notified at least 30 days prior to the expiration date.

SECTION C – PRECEPTOR TRAINING COURSE (All applicants must complete this section)		
1	Name of Preceptor training course:	
2	Sponsor of course:	
3	Date of training course:	

SECTION D – ATTESTATION (All applicants must complete this section)

I hereby state that:

- I have not practiced in Nebraska without a nursing home administrator credential prior to this application for licensure; **or**
- I have practiced in Nebraska without a nursing home administrator credential prior to this application for licensure (does not include the time you may have held a provisional, mentoring registration or administrator-in-training registration).

_____ Number of days in Nebraska

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check ONLY ONE of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A “Green Card” otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me; and
2. All statements on the application are true and complete.

Print Name: _____

Signature: _____ Date: _____

CERTIFIED PRECEPTOR QUALIFICATIONS: A nursing home administrator who wishes to supervise an administrator-in-training or a mentoring program trainee in Nebraska, must obtain a certification as a preceptor. Qualifications to obtain certification are:

1. License: Have a current and active Nebraska Nursing Home Administrators license;
2. Citizenship/Resident Information: Be a citizen of the United States, an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant whose visa for entry, or application for visa for entry, is related to employment in the United States;
3. Experience: Have obtained three years of experience as a Nursing Home Administrator in the five years immediately preceding application for certification;
4. Training: Have completed at least an 8 hour preceptor training course approved by the Board, as described in 172 NAC 106-011, and said training must have been completed within the 12 months immediately prior to the application for a preceptor certification; and
6. Disciplinary Action: Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application for a preceptor certification. At least 1 year must have elapsed following completion of any disciplinary terms and conditions. If any of these actions are taken by the Department during the AIT/Mentoring training supervisory period, the preceptor must terminate the supervision immediately and notify the Department.