

The **administrator-in-training** must occur in a nursing home under the direct supervision of a certified preceptor.

The **mentoring training program** must also occur in a nursing home and be under the supervision of a certified preceptor; however, the certified preceptor is not required to be in the same facility as the mentoring program trainee. The supervisor must meet with the person being supervised in a mentoring program at least 1 time per month at the facility where the training is occurring.

→ Training for either the AIT or mentoring program must be at least 640 hours and gained in not less than 4 calendar months.

**EDUCATIONAL REQUIREMENTS:** Applicants must have completed at least 50% of the required core areas specified in regulations 172 NAC 106-002, section 17 and identified on this application in Section G. To assist you in determining if you qualify for licensure, below find the degree or diploma you currently hold. This, along with the corresponding experience, will determine whether you are required to have the specified coursework and whether you are required to complete an administrator-in-training or mentoring program or no additional training.

Degree:	Experience:	Coursework Required:	Training Required:
<b>1. Associate degree</b> (no specific area of concentration)	Less than 2 years of experience working in a nursing home OR no experience working in a nursing home	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Administrator-in-Training Program
<b>2. Associate degree</b> (no specific area of concentration)	Previous work experience (at least 2 years working full time in a nursing home or home for the aged or infirm or previous work experience in health care administration)	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Mentoring program <b>OR</b> Administrator-in-Training Program
<b>3. Degree or Advanced Degree</b>  (baccalaureate, master's or doctorate degree from an accredited institution)	Less than 2 years of experience working in a nursing home OR no experience working in a nursing home	<ul style="list-style-type: none"> <li>• Patient Care &amp; Services</li> <li>• Social Services</li> <li>• Financial Management</li> <li>• Administration</li> <li>• Rules, Regulations &amp; Standards relating to the operation of a Health Care Facility</li> </ul>	Mentoring program <b>OR</b> Administrator-in-Training Program
<b>4. Degree or Advanced Degree in Health Care</b>  (baccalaureate, master's or doctorate degree from an accredited institution in health care, health care administration or services)	Previous work experience in health care administration (at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm)	NOT REQUIRED IF HAVE THE APPROPRIATE WORK EXPERIENCE	NOT REQUIRED if have the appropriate work experience
<b>5. Nursing Degree</b>  (degree or diploma in nursing from an accredited program of professional nursing approved by the Board of Nursing)	Previous work experience in health care administration (at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm)	NOT REQUIRED IF HAVE THE APPROPRIATE WORK EXPERIENCE	Mentoring program <b>OR</b> Administrator-in-Training Program

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your apprentice license fee **is waived:**

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

#### **STEP 1: Get the following documents:**

1.  **US Citizenship/Lawful Presence** (must be at **least 19** years old):

**U.S. Citizen, a PHOTOCOPY** of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

**A Driver's License is NOT acceptable.**

**NOT a U.S. Citizen, a PHOTOCOPY** of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States; or
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2.  **Education:** An official school, college, or university transcript showing proof of your degree. If substituting continuing education for the specific core areas, submit copies of the certificate of completion.
3.  **Work Experience:** If using work experience under the educational requirements, an Official Verification of Employment must be submitted. Examples are: a letter from the Corporate Office, the Facility Board of Director's, Personnel Office, Supervisor, or other similar documentation.
4.  **AIT/Mentoring Agreement:** Attachment 1; Agreement between the Preceptor and Trainee.

5.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**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.

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction or license discipline**, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

6.  **Other State License Information:** You must contact the states in which you are licensed or have held a license and request the State Office complete a certification. **(DO NOT send a copy of your license).**
- Disciplinary Action:** If you have had any disciplinary actions taken against your credential(s), you must submit a copy of the disciplinary action(s), including charges and disposition.

STEP 2: Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees. <b>Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.</b>

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** your approval.

**Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.**

**APPLICATION TO BEGIN  
A TRAINING PROGRAM  
NURSING HOME ADMINISTRATION**

You must complete all sections of this application

**Please check type of training below:**

- Administrator-in-Training
- Mentoring Program

**Fee Required if YOU DO NOT qualify for one of the above fee  
waivers listed below**

**FEE: \$50.00**

**A. Fee Waiver:** If you meet one of the following fee waivers, your initial license fee **is waived.**

**Check only one waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**SECTION A: INFORMATION**

1	You must print your <b>Legal Name</b> below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		
<p><b>Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</b></p>			
4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#:	<input type="checkbox"/> I-94 #:
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
6	Phone #: (optional)*	Additional Phone #: (optional)*	
	E-Mail Address:		

\* phone number and e-mail is optional, but providing this information will speed up communication with you

7	Have you ever been denied the right to take a license examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
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**SECTION B: PRECEPTOR/FACILITY INFORMATION**

1	Name of Preceptor:	First:	Middle/Initial:	Last:
2	Preceptor #:			
3	Name of Nursing Home where Training will Occur:			
4	Address of Nursing Home:	Street/PO/Route:		
		City:	State:	Zip Code:
5	Telephone # (Optional):			

**SECTION C: CONVICTION AND LICENSURE INFORMATION**

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**The following provides SOME examples of convictions; this is NOT a complete list**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul> | <ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul> |
|--|---|

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at: <http://dhhs.ne.gov/Pages/investigations.aspx> or by phone 402-471-0175.

**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held (such as nursing, EMT, counseling, etc.) in a state other than Nebraska.

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION D: PROPOSED DATES OF TRAINING				
1	Proposed Starting and Ending Date of Training	Start:	End:	
2	Number of Hours of Training per Day		Number of Hours Trained per Week:	

Training for either the AIT or mentoring program must be at least 640 hours and gained in not less than 4 calendar months and must be at least 20 hours per week.

**SECTION E: INFORMATION RELATING TO THE APPLICANT'S DEGREE**

List below (where indicated) the University or College Name, the date of graduation, degree, and major.

<input checked="" type="checkbox"/> Check below the Degree Earned	Name of College or University	Date of Graduation	Major
<input type="checkbox"/> Associate Degree			
<input type="checkbox"/> Degree or Advanced Degree: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<input type="checkbox"/> Degree or Advanced Degree in Health Care, Health Care Administration or Services: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
<input type="checkbox"/> Nursing Degree: <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the military, you may submit such evidence with your application for review. Military is defined as the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state.

**ONLY APPLICANTS WITH THE FOLLOWING DEGREES AND 2 YEARS OF SPECIFIC WORK EXPERIENCE MUST COMPLETE SECTION F:**

SECTION F: DEGREE with 2 YEARS WORK EXPERIENCE	
1.	<p><b>Baccalaureate, Master's or Doctorate degree</b> from an accredited institution in Health Care, Health Care Administration or Services if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm.</p> <p><input type="checkbox"/> Administrator of a Hospital with a long-term care unit</p> <p><input type="checkbox"/> Administrator of an Assisted-Living facility</p> <p><input type="checkbox"/> Director of Nursing of a Hospital with a long-term care unit</p> <p><input type="checkbox"/> Director of Nursing of an Assisted-Living facility</p> <p><input type="checkbox"/> Director of Nursing in a nursing home or home for the aged or infirm</p>
2.	<p><b>Degree or Diploma in Nursing</b> if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm.</p> <p><input type="checkbox"/> Administrator of a Hospital with a long-term care unit</p> <p><input type="checkbox"/> Administrator of an Assisted-Living facility</p> <p><input type="checkbox"/> Director of Nursing of a Hospital with a long-term care unit</p> <p><input type="checkbox"/> Director of Nursing of an Assisted-Living facility</p> <p><input type="checkbox"/> Director of Nursing in a nursing home or home for the aged or infirm</p>
3.	<p><b>Associate Degree</b> with at least 2 years working full time in a nursing home or home for the aged or infirm or previous work experience in health care administration.</p> <p><input type="checkbox"/> Title of position in nursing home/home for the aged or infirm:</p>

WORK EXPERIENCE:			
1.	Name of Facility where experience gained:		
2.	Address:	Street/PO/Route:	
		City:	State: Zip Code:
3.	Telephone # (Optional):		
4.	Dates of Experience:	From:	To:

WORK EXPERIENCE:			
1.	Name of Facility where experience gained:		
2.	Address:	Street/PO/Route:	
		City:	State: Zip Code:
3.	Telephone # (Optional):		
4.	Dates of Experience:	From:	To:

➔ **SUBMIT** Official Verification of Employment as indicated above. Examples are: a letter from the Corporate Office, the Facility Board of Director's, Personnel Office, Supervisor, or other similar documentation.

**ALL APPLICANTS MUST COMPLETE SECTION G EXCEPT THOSE WITH THE FOLLOWING TYPES OF DEGREES and EXPERIENCE:**

- **Baccalaureate, Master’s or Doctorate** degree from an accredited institution in Health Care, Health Care Administration or Services if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm.
- **Degree or Diploma in Nursing** if the applicant has at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm.

**SECTION G: EDUCATIONAL CONTENT AREAS**

You must have completed at least 3 hours in each of the educational areas identified below may be gained by obtaining academic hours or continuing education hours or a combination of both academic and continuing education

<b>FORMULA FOR CALCULATING HOURS</b>	Continuing Education:	10 continuing education hours	= 1 coursework hour
	Semester hours:	1 semester hour	= 1 coursework hour
	Quarter hours:	1.5 quarter hours	= 1 coursework hour

➔ATTACH an official course description for each course listed below

Educational Content Area	Course Number	Course Title	Name of University or College Hours Earned	Hours Earned
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**Area 1: Patient Care and Services.** Must include coursework in at least 1 of the following areas:

a	Aging	i	Geriatrics/Gerontology			
b	Nutrition	j	Medical Terminology			
c	Environmental Health and Safety	k	Health Care Delivery Systems			
d	Ancillary Health Services	l	Therapeutic Recreation			
e	Nursing	m	End of Live Care			
f	Pharmacology	n	Food Management			
g	Developmental Disabilities	o	*75 hour Nurse Aide Training Course will meet this area			
h	Disease Process					

**Area 2: Social Services.** Must include coursework in at least 1 of the following areas:

a	Spirituality	f	Social Services (Medicaid/Medicare)			
b	Social Gerontology (i.e.: theories of aging/social aspects of aging/multi-cultural issues)	g	Developments in Aging			
		h	Social Work			
		i	Mental Health			
c	Human Development/Lifespan	j	Death and Dying			
d	Therapeutic Recreation	k	Case Management			
		l	Sociology			



Educational Content Area		Course Number	Course Title	Name of University or College Hours Earned	Hours Earned
<b>Area 3: Financial Management.</b> Must include coursework in at least 1 of the following areas:					
a	Financial Planning	d	Business Management		
b	Accounting (Payroll, AR, Taxes, HP, general ledger)	e	Office Management		
		f	Management		
c	Statistics	g	Medicare/Medicaid		
<b>Area 4: Administration.</b> Must include coursework in at least 1 of the following areas:					
a	Management/Organizational Theory	e	Communication Skills		
		f	Leadership Skills		
b	Strategic/Financial Planning	g	Purchasing/Inventory Control		
c	TQM/CQI	h	Law Courses (i.e.: Public Administration, Business Law)		
d	Personnel/Human Resources/Labor Relations				
<b>Area 5: Rules, Regulations &amp; Standards Relating to the Operation of a Health Care Facility.</b> Must include coursework in at least 1 of the following areas:					
a	Health Care Administration	e	OSHA/OBRA/ANSI Standards		
b	Labor Laws	f	Life/Safety Code		
c	Nursing Home Administrator Regulations	g	Medicare/Medicaid Issues		
		h	ADA-FMLA, NFPA-FSES		
d	Nursing Facility Standards	i	Ethics/Law		

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the military, you may submit such evidence with your application for review. Military is defined as the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state.

<b>SECTION H: PRACTICE PRIOR TO LICENSE</b>	
If you practice prior to issuance of this license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 and/or other action as provided in the statutes and regulations governing Nursing Home Administrators.	
Have you practiced as a nursing home administration in Nebraska without a Nebraska license? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

<b>SECTION I: ATTESTATION</b>
For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check <b>ONE</b> of the boxes below):
<b>I attest that:</b>
<input type="checkbox"/> I am a citizen of the United States.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.
<b>I further attest that:</b>
1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.
Print Name: _____
Signature: _____ Date: _____

Licensure Unit

P.O. Box 94986 - Lincoln, Nebraska 68509-4986

Telephone #: 402-471-4920

DHHS.Licensure2117@nebraska.gov

AGREEMENT BETWEEN A PRECEPTOR AND ADMINISTRATOR-IN-TRAINING OR MENTORING TRAINEE

(This Form must be completed by the certified NHA Preceptor and signed by the Preceptor and Trainee)

Please check type of application below:

- Administrators-in-training
Mentoring Program

To the Board of Nursing Home Administration, State of Nebraska:

I hereby state that I have entered into an agreement to provide an adequate Administrator-in-Training Program or Mentoring

Program as indicated above, to (trainee name), which will consist of at least

640 hours of training and experience, and will be gained in not less than 4 months (and gained in not less than 20 hours per week),

and will follow the guidelines established in the monthly report forms.

PRECEPTOR MUST COMPLETE THIS SECTION:

Legal Signature of Preceptor
Date:
Name:
Address:

TRAINEE MUST COMPLETE THIS SECTION:

Legal Signature of Trainee
Date:
Name:
Address: