

**Application for Approval of Initial Assisted-Living  
 Facility Administrator Training Program**

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

<b>NAME OF ENTITY CONDUCTING PROGRAM:</b>			
<b>ADDRESS:</b>	STREET/PO/ROUTE:		
	CITY:	STATE:	ZIP CODE:
<b>TELEPHONE NUMBER:</b>		<b>FAX NUMBER (if applicable):</b>	
<b>PROGRAM TITLE:</b>			
<b>TOTAL HOURS:</b>			
<b>PERSON RESPONSIBLE FOR TRAINING PROGRAM:</b>			
<b>LICENSE NUMBER (if applicable):</b>			

A copy of the training program, including training materials, syllabus/outline and hours per subject must be attached to the application. In accordance with 175 NAC 4-006.02B, the training program must consist of at least 30 hours, including, but no limited to the following:

- Resident Care and Services
- Social Services
- Financial Management
- Administration
- Gerontology
- Rules, regulations and standards relating to the operation of an assisted living facility

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR DEPARTMENT USE</b>	
DATE RECEIVED:	_____
IF APPLICABLE – DATE OF REQUEST FOR MORE INFORMATION:	_____
INFORMATION REQUESTED:	_____ _____ _____ _____ _____
DATE ADDITIONAL INFORMATION RECEIVED:	_____
APPROVAL/DENIAL NOTIFICATION DATE:	_____
DEPARTMENT STAFF SIGNATURE:	_____ DATE: _____