

IDAHO BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

Idaho Division of Occupational and Professional Licenses

700 West State Street, Boise ID 83702 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: nha@ibol.idaho.gov

APPLICATION FOR PRECEPTOR REGISTRATION

(There is no fee for registering as a preceptor with the Board)

PRECEPTOR REGISTRATION

Section 54-1610, Idaho Code. "Every applicant for a Nursing Home Administrator license who shall have otherwise qualified under provisions of section 54-1605 shall serve for 1,000 hours under the supervision of a duly licensed and registered Nursing Home Administrator in accordance with the rules of the Board. At the expiration the one thousand (1,000) hour training, the applicant shall be eligible to take the examination."

Rule 400.05. Preceptor Certification.

a. A nursing home administrator who serves as a preceptor for a nursing home administrator-in-training must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify the Idaho licensed nursing home administrator to be a preceptor who:

i. Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and

ii. Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board.

b. The orientation course will cover the philosophy, requirements and practical application of the nursing home administrator-in-training program and a review of the six (6) phases of nursing home administration as outlined in Subsection 400.03.

I hereby make application to register as a preceptor, and I understand that my name, address, and phone number will be added to a list of preceptors that is public record.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(This is public record) Street/PO Box City State Zip

3. Business Phone (_____) _____
(This number is public record)

4. Have you completed the required preceptor certification course? Yes No
(If so, please attach the certificate of completion)

AFFADAVIT

I hereby certify under penalty of perjury that I hold a current and unrestricted license as a nursing home administrator and that I have completed the education requirements to be a preceptor. I have read and will comply with the Idaho Board's rules and rules.

Printed Name of Applicant License #

Signature of Applicant

Mailing Address – Street/PO Box City State Zip

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public Official Signature
My Commission Expires _____